Clinical Lecture
ON
SIX CASES OF ANEURISM.

Delivered at University College Hospital,

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(*Concluded from p. 505.*)

THERE are yet three more cases of aneurism to which I wish to direct your attention.

CASE 4.—The first of these is a case of popliteal aneurism, which, in undergoing spontaneous cure, gave rise to gangrene of the foot—a very unusual occurrence. The history of the case is briefly this.

George S——, aged sixty-three, was admitted April 29th, 1867. He states that on April 26th he suffered from a severe pain in the left knee. The toes subsequently became numb. Next morning he noticed a black spot, the size of a threepenny piece, below the outer malleolus. The day before admission he noticed a brown patch on the outer surface of the middle of the leg, and some mottling of the foot. On admission there was evidently gangrene of the left foot, involving the toes, and extending some little distance up the foot. The gangrene was moist rather than dry, and did not resemble gangrena senilis. It looked very much like the gangrene sometimes associated with embolism, where an artery suddenly becomes plugged up by a clot of fibrin in the circulation, and that was the view I first took of the case. Some days after, however, on examining the limb, a tumour was detected in the left popliteal space, the size of a duck's egg, and hard. The patient was perfectly unaware of the existence of this. On examination it was evident that it was a popliteal aneurism in a state of solidification; in fact, that it was undergoing spontaneous cure. There was no pulsation or bruit in it, and its bulk did not diminish on compressing the femoral. On May 18th the discoloration had extended above the ankle, and the toes and sole of the foot were denuded of cuticle. Under these circumstances, as the gangrene was extensive, and a line of demarcation had formed, the proper plan was, of course, to amputate. This was accordingly done on May 20th, above the aneurism, at the lower part of the thigh. The patient, being advanced in years, made rather a slow recovery, but eventually did well.

On examination of the aneurismal tumour it was found, as was expected, that it was an aneurism of the popliteal artery in a state of solidification. The popliteal vein was implicated in the tumour, and there could be no doubt that it was in consequence of this implication of the vein that gangrene occurred.

The following is the account of the dissection of the case, made by Mr. Bruce:—On examination of the limb after removal, it was found that an aneurism existed in the ham, situated at the lower part of the popliteal artery, at its division into the tibials. It was oval in form, measuring 2¾ inches in length and 1¾ in breadth. Springing by a very broad base from the superficial side of the artery, it overhung the continuation of the vessel both above and below, and thus exercised a very considerable amount of pressure upon it. The popliteal vein was completely incorporated with the outer wall of the sac, and, in consequence of the pressure exerted upon it by the tumour, its cavity was in great part obliterated, the superficial and deep veins of the leg being enormously distended, and partially occluded by coagula. The deep tibial veins were so large and tortuous as completely to conceal the artery, which was found, however, on examination, to be completely occluded by a thrombus throughout its whole extent. The anterior tibial was free, except at its origin, where it became implicated in the tumour. The popliteal artery was occupied, for the space of one inch, by a decolorised firm coagulum, which terminated above in a conical extremity at the origin of one of the articular branches. On making a section of the aneurism it was found that a deposit of laminated fibrin occupied the outer two-thirds of its cavity, being deposited with great regularity around the wall; the remaining central third, however, which was in more direct communication with the vessel, was filled with an ordinary loose coagulum. The black coagulum extended into the posterior tibial, which it completely occluded, and into the anterior tibial for about a quarter of an inch. The sac of the aneurism was of moderate thickness and of very considerable strength, consisting chiefly of the outer and middle coats of the vessel greatly thickened; it was impossible to determine whether the internal coat entered into the formation of the walls of the sac. The walls of the vessel both above and below the aneurism appeared perfectly healthy.

Now, here you will observe was a case of popliteal aneurism, in which nature was endeavouring to effect a permanent cure by the solidification of the tumour, and in which that cure was interfered with in consequence of gangrene of the limb setting in.

Gangrene of the limb, as a consequence of the solidification of an aneurismal tumour by its spontaneous cure, is certainly a very rare occurrence; and it can probably only occur in those cases in which the vein, being more or less compressed by the aneurismal tumour, has become implicated in its walls, and the compression is sufficient to interfere with the return of blood through the vessel. The limb may thus fall into a state of moist gangrene. That is the state of affairs which existed in this particular instance.

In order to finish the cases of aneurism, there are two others to which I may very briefly refer.

CASE 5.—One is that of a man of the name of F——, fifty-eight years of age, a gardener, who was sent up from Penzance, and was admitted on the 10th of March, 1868. About three months before admission he first noticed some stiffness of the limb in walking, and soon after some pain on movement and pressure, greatest about the calf. This continued, and five weeks before admission he first observed a small throbbing tumour in the ham. This tumour steadily increased in size to the time he was admitted into the hospital, when a popliteal aneurism was found to exist in the right ham, about the size of an orange. The tumour presented all the characteristic signs of aneurism.

In this case the treatment employed was a mixture of flexion and compression: the leg was bent upon the thigh, and Carte's compressor applied at the same time to the upper part of the thigh. This was commenced on March 10th. He bore the compression badly at first, becoming irritable and restless, and complaining of a good deal of pain. It was, however, kept up from time to time, though it had frequently to be relaxed for several hours at a time, in consequence of his inability to sleep whilst it was maintained. The tumour was found to be solidified at nine o'clock on March 14th, about eighty-four hours from the commencement of the treatment; but it was only during forty hours or so that the treatment had been kept up with anything like persistence.

I merely mention this case as an instance of the ordinary treatment of a simple case of popliteal aneurism by compression. There is nothing unusual about it in any shape or way. The man did not bear the compression very well, and it was a little longer, perhaps, in exercising its influence than it otherwise would have been. The time which elapses before the compression is effectual varies immensely in different cases—from a few hours to many days, and perhaps, in some cases, several weeks. It is very difficult to say on what that difference depends. I believe, if I recollect rightly, one of the shortest cases, if not the shortest, in which it has been successful, occurred in the practice of Dr. Mapother, of Dublin, who treated a case of femoral aneurism successfully by compression, and in four hours and a half the tumour became solid. I believe that it depends greatly upon whether the tumour is approaching a natural process of solidification or not; upon the amount of laminated fibrin in it, and the state of the blood. When you have a tumour in which laminated fibrin is already formed to a certain extent, which is making an approach, an attempt, as it were, to spontaneous cure, you can easily understand that compression exercised—whether it be digital, whether it be by flexion, or by an instrument—for a few hours, may perfect the cure. In the other cases, where there is no attempt at the deposition of fibrin, where the whole contents of the tumour consist of fluid blood, and where the blood itself is not in a favourable state for solidification, compression of course may be, and necessarily will be, very much longer in effecting a good result.

I may mention, in connexion with compression, that of late years, especially owing to a case that occurred to a late pupil of this College, Dr. Murray, of Newcastle-on-Tyne, in which he successfully treated a case of aneurism of the abdominal aorta by continuous compression, kept up for many hours under chloroform, that operation has come into practice, and has been attended with the most beneficial results. The

patient is placed under the influence of chloroform, and the pressure maintained continuously for several hours.

CASE 6.—The last case of aneurism to which I wish to direct your attention is one that is still in the hospital, and which I have already brought before your notice on former occasions. It is the case of an old man in ward No. 1, with an enormous axillary aneurism. He is upwards of seventy-eight years of age, and the immense axillary aneurism from which he is now suffering has been slowly coming on for more than four years. In this case we have tried compression, both digital, upon the subclavian above the clavicle, and directly upon the tumour, but without any avail. The patient could not bear the compression, and no good resulted from it. The question then was—what course of treatment should be adopted? The only one which suggested itself was, either to tie the artery above the clavicle, or to lay open the tumour and tie the artery where it communicated with the tumour. With regard to tying the artery above the clavicle, the objection to that plan of treatment was that the disease appears to extend higher up. The artery above the clavicle is much dilated; there is a very clear vibratory thrill through it, and it is evidently not in a condition to bear the ligature. With regard to laying open the tumour and ligaturing the artery on either side of the opening communicating with it, the objection to this is that the operation would be an excessively severe one; that we should have to deal with a portion of an artery which is clearly unhealthy, inasmuch as the unhealthy state of the artery extends to some distance above the clavicle, and how much beyond this it is impossible to say; and that the patient's age is so advanced that it could not, in reason, be expected that he would bear any serious operation—in fact, that he would not bear either of the operations that I have just mentioned; the more so as he has had several attacks of syncope since his admission into the hospital, looking as if he had some dilatation of the aorta, or some cardiac mischief as well. Under these circumstances, we have thought that the best plan would be to keep him as quiet as possible, to regulate his diet, and to allow the disease to take its course, which it necessarily must do, no operative plan of treatment offering any prospect of a satisfactory result.

These cases of aneurism, gentlemen, which I have brought under your notice to-day are, as you may see, extremely interesting. Each has some important points in which it differs from the others, and all are deserving of attentive consideration and study.

[Since this lecture was delivered the patient died from rupture of the sac. A careful dissection was made of the right subclavian and axillary regions. The pectoral muscles were both in their positions, and not displaced by the tumour, the mass of the tumour projecting below the lower edge of the pectoralis major. On reflecting these, the anterior surface of the sac of the aneurism came into view. The tumour was wedged in, as if it were between the first three ribs and the scapula, and was closely adherent to the soft structures investing those bones. The sac had been ruptured, ante mortem, in two situations—one at its lower surface, and from this a large quantity of blood had escaped into the loose cellular tissue beneath the latissimus dorsi, forming a clot that weighed more than a pound; the other on the axillary surface, beneath the ecchymosis that had been noticed during life. The aneurism was found to spring from the part of the artery below the pectoralis minor, the neck of the aneurismal sac occupying about two inches of the inner wall of the vessel. From this the sac extended upwards as high as the clavicle, inwards to the first three ribs, and as low as the level of the fifth; and backwards to the serratus magnus, which was tightly stretched over it. Towards the arm three considerable vessels emerged from the tumour, two brachials, and the superior profunda, apparently. The subclavian was widely dilated throughout, but narrowing somewhat as it was traced to the innominate. The branches of the subclavian were all healthy and regular. The condition of the subclavian which had been diagnosed during life, was thus confirmed after death, and would have rendered any operation impracticable.]

AN UNFORTUNATE COUNTRY. — In January and February last a revolution caused the loss of many lives in Peru. Immediately afterwards yellow fever destroyed nearly a third of the inhabitants of Callao and Lima. The recent earthquake has destroyed three important Peruvian cities, and reduced more than 100,000 persons to the utmost destitution; and since the earthquake a fire has raged for several days in Callao.

ON

SOME NEW METHODS OF TREATING DISEASES OF THE CAVITIES OF THE NOSE.

BY J. L. W. THUDICHUM, M.D.

V. — *New Operation for Nasal Polypi.*

(*Concluded from page* 308.)

As the *single polypi* are removed, others come into sight which had been displaced upwards or backwards. It is also perceived that sometimes only a portion of a *cauliflower-shaped polypus* has been removed, and that the removal of two or three other portions is required before the true pedicle can be drawn into the loop and removed radically. In this way, from half a dozen to three dozen polypi have to be removed in some cases before the nasal cavities can be pronounced clear. Various little artifices are requisite to expedite the operation. Thus polypi which shift at the mere approach of the loop have to be seized by little hooks, made either of steel or of flexible silver, and to be held fast while the loop is passed over them, or to be drawn into the loop. *Oscillating polypi*, or those which can be seen only during expiratory efforts, can only be extracted in this manner. Thus in one case I seized with the hook and removed with the loop a polypus which was attached to the posterior edge of the septum, and by expiration only could be seen vibrating before the posterior middle canal of the left nostril. It was seized during vibration with a little sliding-forceps made of steel wire and introduced into the loop. Such is the delicacy of the operation that, although the loop-carrier and the forceps were in the nostril and passed for a length of three inches into the cavity, yet a little of the polypus was still visible to guide the rest of the operation. In another case I seized with the hook a polypus which was completely hidden under the posterior concave side of the right lower turbinated bone. After removal it was found to weigh a quarter of an ounce.

A frequent accident during the operation is *sneezing*, immediately after the seizure of a polypus. In such a case the patient must allow the spasm to expend itself without moving. The operator holds a cloth or his hand before the nose and mouth of the patient.

Bleeding sometimes, but rarely, occurs, when the wire-loop touches the posterior vascular ends of the turbinated bone; in some cases, however, any part of the Schneiderian membrane will bleed on contact with instruments. I have always succeeded in arresting it within a few minutes by passing a current of salt water through the patient's nose by means of the nasal douche.

Exostoses sometimes complicate polypi, and the operator is liable to get them into the loop. This accident has occurred to me twice. In such a case I let the assistant steady the patient's head, and heat the loop to whiteness. At the same time I seize the loop-carrier close to the nostril, and, with the thumb steadied against the maxillary bone at the side of the nose, I give a short pull. The exostosis is then detached clean, and without the slightest local injury. In case, however (which has not yet occurred to me), the exostosis should be stronger and not yield, then the white-hot wire would probably break. Failing this, the loop could be easily detached by unstringing the pulley, withdrawing the carrier, and ultimately the wire. Calmness of the operator easily reassures the patient. The exostoses can be distinguished by their colour, which is more like that of the natural mucous membrane—i.e., of a vivid red, and not like the pale-bluish red of fibrous, or glistening white of mucous polypi.

Hard fibrous polypi with broad bases are the most difficult objects to deal with; but with them also the operation, if properly conducted, answers perfectly. As they would not admit of constriction by the loop, a hook has to be inserted at the base, and into the shoulder thus formed the wire must be made to cut while white hot. Hardly any mechanical force is then required, and the polypus comes off as if cut with a knife. A large polypus of this kind I removed in three slices; there was no bleeding, and the operation was so successful that the turbinated bone after a few weeks had assumed its normal shape and appearance.

In cases where the nostrils are excoriated, fissured, swollen, or covered with scabs (conditions which occur singly or united),

it is requisite to let the patient undergo preliminary treatment for the removal of these exigencies. Of this treatment I shall reserve discussion for a future opportunity, when I hope to treat of the constitutional relations of diseases of the nose.

The following cases will illustrate my general remarks and special points of practice:—

CASE 1.—Mr. ——, a medical gentleman, had for many years suffered from obstruction in both sides of the nose, which, by some eminent surgeons whom he consulted, had been declared to be caused by relaxation of the mucous membrane. On examination with the aid of the medical lantern, I found polypi, and removed them subsequently by means of the electro-caustic operation. During the first two sittings eight polypi were removed. As the patient was exceedingly irritable in mind and body, the operation proceeded but slowly, and had to be interrupted repeatedly. During the third sitting polypi Nos. 9 to 13 were removed; during the fourth, Nos. 14 to 17. One, situated far back upon the right turbinated bone, caused a little bleeding. In this case the displacement by crowding of polypi was most curious. The nasal canal, apparently cleared of growths, was, a week later, found to be again filled with polypi which had descended; but were now loose and much more easily seized than the earlier ones. Some had very long pedicles, and all, except one, were attached to the upper and lower turbinated bones. The exception was the vibrating polypus already alluded to, which was attached to the posterior edge of the septum. All the polypi were, though with much difficulty, successfully removed, and the patient breathed freely through both nostrils; and while before he had been obliged to sleep in a sitting posture, and with his mouth open, he could now recline and sleep with his mouth closed. Although no polypi of any kind were visible, and the soft palate could be easily seen through the lower nasal canal during swallowing, the patient had a sensation in his nose as if something remained there—a result, probably, of a new tension which the bones of the nose assumed after the internal pressure was removed.

CASE 2.—M. B——, a healthy, strong, stout man, aged thirty-nine, had a discharge from his nose, without odour, ever since his boyhood. Gradually the nose became obstructed, and now both nostrils are impassable on either inspiration or expiration, however forcible. On Nov. 29th, 1866, I removed nine polypi, amongst them a very large one, which was drawn from underneath the turbinated bone with a sharp hook. On Dec. 5th I again removed by the electro-cautery five polypi, also an exostosis or spicula from the left upper turbinated bone; another similar one on the left lower turbinated bone, which simulated a polypus, was not removed. On Dec. 12th I removed six polypi, amongst them one of enormous size, being nearly a quarter of an ounce in weight. Its removal, which was effected by means of expressly devised polypus hooks, cleared the passage for air in and outwards. On Dec. 19th I removed several small polypi and some stumps. After this nothing anomalous remained visible in the nose, the respiration was quite free, and the patient was discharged perfectly cured. In this case the nostrils were very small and the nasal canals narrow. The septum projected towards the left side. The sense of smell was lost, which is not astonishing, seeing that twenty-seven polypi had for years compressed nearly every part of the mucous membrane. The patient was greatly satisfied with the result of the operations.

The polypi in Cases 1 and 2 were of the so-called mucous class; those in the following case, however, were of the hard fibrous variety.

CASE 3.—M. S——, aged fifty-five, had at the age of twenty contracted primary syphilis, and the complaint had gradually assumed the constitutional form. This had been termed and treated as gout, to which a few symptoms offered resemblance. After much neuralgic pain in head and limbs, he became subject to frequent colds in the head, until latterly polypi were discovered. On examination, I found on the right side a large long broad-based polypus, or excrescence, on the fore part of the lower turbinated, and a cluster of several polypi on the upper turbinated bone. The septum was so much bulged out to the left that it nearly touched the isthmus at the end of the vestibule of the ala. Here there were two crusted ulcerations. In the left nostril was a small polypus, imperfectly divided into two, very inaccessible, not obstructing, and not moved by inspiration or expiration. On Feb. 19th I removed the broad-based polypus by electro-cautery in two slices. If it had been attempted to remove this polypus by forceps, great injury and hæmorrhage would have ensued. The upper cluster of seven separate polypi was removed in ten pieces. Slight hæmorrhage was instantly arrested by the douche. On March 2nd the patient had recovered his sense of smell, which had been completely lost for some time. The septum had returned more to its natural position, and all parts looked well. I prescribed a sulphate-of-zinc lotion and salt-water douche, and on June 27th had the pleasure of again seeing the patient perfectly restored.

CASE 4.—M. T——, aged thirty-five, had perceived obstruction in his nose eight years ago, and had since then been operated upon three times, once while under the influence of chloroform. The polypus, however, always returned within six months. The patient's father suffered from polypi for many years without ever having them removed, and a sister has a complaint in her nose which is termed "thickening." The patient's nose is very narrow and most difficult of access. He has a high tenor voice, and is much impeded in its exercise by the growths. On May 7th and 8th I removed eleven polypi, of which four were large and four small; a perfect passage was established, and the patient suffered so little that he was able to sing in a concert next day.

CASE 5.—Mr. S——, aged sixty-five, was introduced to me by Mr. Ed. Taylor, of Clapham-park. The patient had suffered much from rheumatic gout, and had had the polypi more than ten years. A partial operation had once been performed, and much tannin had been used as a snuff, as recommended by Mr. Bryant. Nevertheless the nose on both sides was completely blocked. On Sept. 28th I removed twelve large polypi by electro-cautery, in the presence and with the kind assistance of Mr. Taylor. On Oct. 5th, twenty-four further polypi, of which four were of enormous size, were removed. The right nose was thus completely cleared, and the patient was able to respire freely through it. In this case the polypi all pulsated synchronously with the heart, and I apprehended much hæmorrhage. The right nostril did repeatedly bleed from the mere contact of instruments; but the left nostril, which was narrow, from the septum having been pushed towards the left by the enormous accumulation of polypi in the right cavity, did not bleed at all, the much more severe influence of the contact of instruments notwithstanding. Sixteen polypi were removed from its cavity. The patient expressed himself as greatly satisfied with the result of the operation.

CASE 6.—M. B——, aged fifty-one, was introduced to me by Mr. Fred. Webster, Wolverton Station, Bucks. The patient has suffered about twelve years. Three operations, performed relatively eight, six, and five years ago, never once produced complete relief, and were all followed by more or less complete relapse. A scrofulous tendency is alleged as a cause, which I believe to be correct, there being no other history or symptom of previous disease. Both nostrils are completely blocked, and no air passes even by the greatest efforts. On Oct. 2nd twenty-seven polypi were removed by the electro-cautery, a large one weighing a quarter of an ounce. On Oct. 7th I removed again eight small polypi, and perfectly cleared both nostrils and cavities. The patient had had a perfect passage for respiration after the first sitting, and was highly pleased about his new liberty. This case offers the following peculiarities. In the right cavity, a polypus formed a perfect bridge from the upper turbinated bone to the septum. It was separated from its insertion in the septum by the red-hot wire being pressed inwards into the cavity and withdrawn on the side of the turbinated bone outwards. The polypus, which had created an unexpected difficulty, was thus removed clear from its insertions. The septum was somewhat bulged to the left. After the operation the back of the pharynx could be seen through both nostrils, and the rising of the soft palate in the act of swallowing accurately observed—sufficient evidence of a perfect clearance of both the olfactory and respiratory canal. The patient could smell eau-de-Cologne quite well.

The foregoing cases are selected for the purpose of showing the efficiency of the new operation under the most difficult circumstances, in various subjects, in cases of long standing, and after repeated failure of the old method of pulling out the polypi by forceps. In Case 6, twenty-seven polypi and four stumps were removed by thirty-three introductions of the loop. Consequently only two loops came away empty: one because it broke, the other because it was arrested by the bridge-like polypus described. The operation, therefore, strictly fulfilled the ideal demand of its theory. On the whole the results of the operation have surpassed my anticipations; and I can, therefore, have no hesitation in recommending it strongly to the attention of the medical profession.

Pembroke-road, Kensington, Oct. 1868.

NOTES OF A CASE IN WHICH LARYNGITIS FOLLOWED THE ADMINISTRATION OF CALOMEL.

BY JOHN LOCKING, M.D.,
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THE following notes may be considered of interest as illustrating the risk which may sometimes attend the administration of calomel.

J. S——, aged twenty-six, of florid complexion and stout build, had always enjoyed excellent health up to the 17th of May, 1866. The son of a small farmer, and residing with his parents, he had been hoeing corn on the day preceding the above date, when, feeling fatigued and over-heated, he sat down under a hedge to rest. It was one of those bright sunny days in spring, a treacherous sharp east wind prevailing. He got a chill, which was succeeded on the following day by shivering and pain in the abdomen.

I was sent for on the 18th, and found him in bed lying on his back, with the thighs drawn upwards, and flexed on the abdomen. His pulse was small, hard, and rapid; urine scanty and high-coloured; countenance anxious. In short, he was suffering from acute peritonitis. A large mustard poultice was applied at once, followed by hot linseed poultices. I prescribed small doses of opium to be taken frequently.

On the following day he was in much the same condition. I therefore ordered flannels, steeped in turpentine, to be applied to the abdomen as hot and as often as they could be borne, and the hot linseed poultices repeated in the intervals. Soon after this the activity of the symptoms began to subside, and on the 23rd he appeared free from all trace of the disease. But his bowels had not been relieved for four days, and, as he began to be uneasy, I thought it well to give a purgative. As he had had no mercury, and dreading to exhibit anything which might light up slumbering embers (if such remained) of the disease from which he appeared to be recovering so nicely, and as mercury is held to be in one of its actions anti-inflammatory, it being used, moreover, and recommended in the treatment of peritonitis, I thought the safest purgative I could give my patient would be a combination of that drug. I accordingly prescribed one grain of calomel, along with five grains of jalap, to be taken every three hours until the bowels were moved. Immediately after he had taken the sixth powder he had a copious evacuation, without griping or other unpleasant symptom. Other loose motions followed, and he appeared much better. But mark the sequel: before six hours had elapsed after taking the last powder, and within twenty-four hours of having taken the first, salivation set in, and he complained of great fulness in the sublingual region. He soon began to experience a little difficulty in breathing, and during the night of the 24th he was very restless.

Before my visit on the following morning he had filled the chamber vessel literally full of mucus and saliva. On inspection, I found the tongue, tonsils, and uvula much swollen, the latter being of a bright red colour; but there were no aphthæ nor any ulceration. Dysphagia and stridulous breathing now became marked features, the latter continually growing louder. A blister was applied over the windpipe, and hot poultices round the neck. On the evening of the 25th he could swallow nothing. On the morning of the 26th he was much worse: countenance turgid, lips blue, and the dyspnœa painful to witness. I informed his friends the case was hopeless unless tracheotomy was performed, but to this they would not consent. In the evening I was summoned to the patient in a hurry. Being knocked up with hard work, and feeling very unwell, I sent to a neighbouring practitioner, who very kindly went off at once to see him. In a note which this gentleman wrote as soon as he had seen the patient he says: "The man is very ill, and I have recommended leeches and ice, and I should think two grains of calomel every hour, to induce rapid mercurialisation, would be proper for him. The blister has risen well." Of course he was not aware of the train of symptoms, including mercurialisation, which had preceded the condition in which he found the patient; he therefore prescribed for laryngitis in the orthodox manner. The leeches I was told were duly applied, but as the poor fellow was unable to swallow he could not take the calomel. He sank within eight hours of my neighbour seeing him.

The case gave me great anxiety at the time, and it left a powerful impression on my mind. Death was due to laryngitis. The inflammation in the windpipe was not a metastasis, for the peritonitis had subsided several days. Besides which, before the larynx became affected there was profuse salivation, accompanied with swelling and pain of the tongue, and swelling and redness of the tonsils, uvula, and parts adjacent. The inflammation appeared first in these organs, and then spread by continuity to the larynx. But the salivation, tonsillitis, &c., were, it is fair to assume, owing to absorption into the system of some of the calomel, which was taken as a purge. Six grains were taken in all, combined with thirty grains of jalap; and notwithstanding the fact that brisk purgation ensued, yet most violent symptoms of the physiological action of mercury showed themselves within a few hours.

This history conveys two lessons—1st. That purgation is no certain safeguard against absorption. 2nd. That the exhibition of a drug endowed with various therapeutical and physiological actions may not be without danger.

Connaught-square, Hyde-park, Oct. 1868.

ON

SCARIFICATION OF THE CERVIX UTERI IN INFLAMMATORY AFFECTIONS OF THE WOMB.

BY R. H. MEADE, F.R.C.S.,
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THE management of some of the diseases of the uterus often occasions much trouble and considerable disappointment to the surgeon engaged in general practice. I shall therefore make no apology for offering a few observations on the mode of treatment which I have found most successful in a class of cases which is perhaps more frequently met with than any other among these affections.

The forms of uterine disease to which I particularly wish to direct attention are those inflammatory states of the organ in which congestion, inflammation, and ulceration of the cervix play so prominent a part. The causes and varieties of these affections are very numerous. We often find the cervix swollen and red; sometimes it is partly denuded of epithelium, and assumes a granular appearance, having a velvety feel to the touch; and sometimes it is decidedly ulcerated. With regard to the causes, anything that produces determination of blood to the uterus, or excites inflammatory irritation of the organ, may bring on inflammation or ulceration of the cervix.

These complaints are, as might be expected, much more common among married than single women, and in many instances follow miscarriage, or labour at the full period of gestation. They often accompany menorrhagia and dysmenorrhœa. In most of these cases, as Dr. West has pointed out, the visible state of disease in the cervix is only an indication of a more deeply seated, but hidden inflammatory condition of the body of the womb; the treatment therefore should be such as will relieve the whole organ.

These complaints are sometimes connected with, and apparently produced by, general constitutional disorder, and require appropriate general treatment. Still many of them are in a great measure local, owing to the physiological peculiarities of the uterine organs. During the periodical determination of blood natural to the menstrual period the uterus is exposed to increased danger from accidental causes, as exposure to cold, violent exertion, &c.; and marriage, pregnancy, abortion, and delivery are still more fruitful causes of local mischief. Our treatment, therefore, must be chiefly directed to the uterus itself.

Where true ulceration exists, great benefit will doubtless accrue from the use of caustics, the nitrate of silver appearing to me to be the one most generally applicable; but when the neck of the womb is enlarged and abnormally vascular, showing that the walls and lining membrane of the body of the organ are similarly affected, what will relieve the patient so speedily or effectually as the local abstraction of blood?—and the point to which I wish to direct attention is as to the best mode of effecting that object.

Local bleeding has been prominently brought forward, as

one of our most powerful means of relief in the treatment of these cases, by all our best writers on uterine diseases; but the agents which they have principally recommended are leeches, which may be applied either to the cervix itself, the margin of the anus, or the vulva. Leeches applied to the lips of the uterus are very efficacious, but give a great deal of trouble. In London and other large cities nurses can be obtained who have been taught to put them on; but in the country, if used in this way, they must be applied by the surgeon himself, and the loss of time necessarily entailed by the personal performance of this operation will often cause it to be deferred or neglected altogether. I was formerly in the habit of ordering leeches to the anus, but not feeling satisfied with the relief thus afforded, and finding a dislike to the application of leeches among many patients, I was induced to try the plan which I now beg to recommend—namely, the direct abstraction of blood from the neck of the womb, by making incisions, or rather punctures, into its substance. Quite as much blood can thus be obtained as by means of leeches, and in a much more easy and rapid manner. The whole operation may be completed in two or three minutes, without any fuss or preparation, at the same time as the necessity for its performance is ascertained by an examination with the speculum.

In advocating this method of treatment, I do not bring it forward as any novelty, for I am aware that scarification of the lips of the womb has been recommended by many authors for the relief of congestion and inflammation of the cervix; but I cannot find, in the works which I have consulted, any precise directions as to the method of its performance. It has been compared to scarification of the palpebral conjunctiva, and I presume is therefore expected to be performed in a similar manner—namely, by drawing the edge of a sharp lancet lightly across the inflamed surface. Very little blood could be thus obtained, and I am not surprised at leeches being recommended in preference to scarification, in cases where much depletion is desired.

The plan I adopt is to make a number of punctures or stabs with a straight lancet-pointed bistoury, having a long handle, which stabs I make more or less deeply and more or less numerous, in proportion as I think it necessary to take away much or little blood. From one to two or three ounces may be easily thus procured. Of course a speculum must be used, and the one which I prefer is a bivalve one, with wide flat blades. I think it is called Tyler Smith's speculum by the instrument makers. The blades are not very long, and, being wide at their extremities, when fully expanded they stretch and shorten the walls of the vagina, so that the cervix uteri readily falls between them, and is easily seen and reached. Another advantage of this speculum is, that when closed it is very easy of introduction.

In this mode of abstracting blood it is seldom necessary to puncture or cut very deeply; but incisions in the lips or neck of the womb seem to heal very readily. I have never seen the slightest inconvenience follow, however deeply I have made them, with the exception of the bleeding being rather profuse.

In conclusion, I will briefly relate three cases, to show the benefit that may be derived from the treatment I have advocated, in three distinct varieties of inflammatory disease of the uterus.

CASE 1.—I was consulted in August, 1867, by a married lady, about thirty years of age, who was labouring under the rather rare affection called cervical leucorrhœa, in which considerable quantities of thick albuminous matter collect in the canal of the cervix, and escape in gushes. My patient complained of periodical attacks of pain, accompanied by a feeling of throbbing and distention, as if an abscess was forming, which attacks recurred every few days, and were relieved by the escape of a gush of matter. She was a person of nervous temperament, who had suffered for several years from a variety of uterine symptoms; but the peculiar ailment I have described came on about twelve months before I saw her. She had consulted an eminent obstetric physician in London, who recommended the free and frequent application of nitrate of silver, which treatment had been fully carried out during several months, but without relief.

Upon examination with the speculum I found the cervix red and swollen, and the margins and entrance of the os granular or superficially ulcerated. A considerable quantity of discharge was found escaping from the canal. Intending to follow out a suggestion made by M. Huguier, and alluded to by Dr. West in his work upon the Diseases of Women—viz., to scarify the interior of the canal before applying caustic in these cases, I made several free incisions into the margins of the os, and finding them bleed very freely, I determined to wait and try the effect of the loss of blood before using the nitrate of silver. I was pleased to find that my patient continued longer than usual without any return of her usual symptoms; so I repeated the local bleeding, making several punctures in the cervix, as well as some incisions in the sides of the canal. In addition to the relief which was thus afforded to the pain, fulness, and throbbing, she said that she felt as if the discharge was enabled to escape more freely, which I explained to be the result of the incisions liberating a kind of inflammatory constriction of the external os. I continued the scarification about once a week for several weeks, and then at longer intervals for a period altogether of four months, abstracting from half an ounce to an ounce of blood at a time. A gradual improvement took place both in the local ailment and the general health, which had suffered considerably from the pain and unavoidable confinement; and when I last saw her she was better altogether than she had been for several years, and the discharge and granular state of the cervix had both disappeared.

CASE 2.—A married woman, a little over forty years of age, who had borne no children, was of a plethoric habit, and in easy circumstances, complained in March, 1868, of a feeling of fulness, weight, and bearing down about the womb, accompanied by nervous and dyspeptic symptoms and scanty and irregular menstruation. She said that her mother had died of cancer of the uterus, so she feared she might be threatened with the same complaint. The surgeon who had previously attended her told me that some two years before she had suffered from similar symptoms, which were then accompanied by deep ulceration of the cervix, extending into the canal, requiring repeated applications of caustic for its removal.

Upon examination I found the cervix red and considerably swollen, particularly the posterior lip, which was rather hypertrophied. The os was small and circular, with a little granular patch on its posterior edge. There was no other appearance of ulceration, and little or no leucorrhœal discharge. I abstracted about an ounce of blood by puncturing the cervix. I directed her to keep quiet, and prescribed a little cooling aperient medicine. I continued the treatment for two months, repeating the bleeding every four or five days for the first month, and afterwards at rather longer intervals. At the expiration of the time all the uneasy feelings about the womb had ceased, the redness and swelling of the cervix had much diminished, the slight abrasions had healed, and my patient expressed herself as feeling well.

CASE 3.—A young married lady, who had had one child in the spring of 1867, which did not live, consulted me in June, 1868, in consequence of being regularly sick every morning. Her general health was good, and menstruation was perfectly regular, though rather profuse and sometimes painful. She had suffered from this sickness for several months, and at first thought that she must be pregnant, but the regular return of the catamenia negatived this supposition. There being no bilious nor gastric derangement to account for the sickness, I at once told her that I had no doubt it was produced and kept up by an inflamed state of the cervix uteri. She had suffered very much from sickness all through her pregnancy; and I have on several occasions verified the observation of Dr. J. H. Bennet, that unusually prolonged or violent sickness during pregnancy is caused by ulceration and inflammation of the cervix, and will be relieved by its cure. I therefore felt certain that the sickness in the present case was of a somewhat similar nature.

The speculum revealed a highly congested state of the neck of the womb, and I found upon the posterior lip, close to the os, a pustular spot of ulceration, almost like a little boil. I touched this spot with nitrate of silver, and pricked the cervix pretty freely with the lancet. Rather profuse bleeding followed, which continued slightly for two days, during which time she kept mostly in the recumbent position. The sickness was immediately relieved by the bleeding; but I repeated the scarification twice more, at intervals of a week between each operation, abstracting less blood than on the first occasion. At the end of three weeks the congestion and ulceration had almost disappeared, and she felt quite well. She now left home for the continent, and I recommended her to go to Kissingen, and try the effect of the waters there.

Bradford, July, 1868.

SEVERAL cases of yellow fever are reported as having lately occurred at Porto Rico.

ON THE

MARSHALL HALL METHOD OF PRONE AND POSTURAL RESPIRATION IN DROWNING AND OTHER FORMS OF APNŒA AND SUSPENDED RESPIRATION.

WITH SOME SUGGESTIONS FOR ITS MORE GENERAL ADOPTION BY THE PUBLIC.

BY RICHARD ELLIS, L.R.C.P. EDIN.

IN the words of THE LANCET, "anything more simple, philosophical, or beautiful could not have been devised" than this parting legacy of Dr. Marshall Hall to our profession and to humanity. It is impossible, after reading of his last and trying illness, so touchingly portrayed by his widow and biographer, not to feel something akin to sacrilege in interfering with anything which he has touched with his pen at a time when, in a measure, he might be said to have died, like Nelson, "in the moment of victory."

Yet Marshall Hall, had he been still amongst us, would have been the first to welcome any modification or suggestion which time, experience, or the progress of science might have rendered desirable for the better carrying-out of his method. In this spirit, therefore, I approach the subject, and my apology for appearing before the profession is this. Since the time when Marshall Hall originated and published in the columns of THE LANCET his discovery of the physiological method of inducing respiration in these cases, I have watched its beneficent progress, and have corresponded with those who co-operated, and were otherwise associated with the discoverer in his labours. I believe that this method deserves to be tried in every case of apnœa in which there is the shadow of a chance. Inquiry has convinced me that this is far from being the case at present. I should be very sorry to fix or limit any time beyond which it would be useless to attempt recovery; the duration of life in apnœa has been proved to be so uncertain, and so dependent on varying conditions, and so many apparently hopeless cases have rewarded the perseverance of operators. But I do say, if this method is tried at all it deserves to be tried *well*, and not merely from *two to five minutes*.

I am well aware of the authorities which may be cited against this position; but it is my firm belief that the inquiry which was instituted by the Royal Medical and Chirurgical Society a few years since cannot be regarded as satisfactory by the profession, nor is it indeed looked upon as a settlement of the matter.

I have made extensive inquiries amongst seafaring men and those engaged in riverside occupations, and find that very few indeed have any just or useful idea of the proper treatment to adopt in drowning cases. On the other hand, there is often still a decided hankering after barbarous procedures, such as holding the patient up by the heels "to get the water out of him," rolling on casks, rubbing with salt, &c. &c.

Now I freely admit that the Marshall Hall Method has been extensively diffused by the profession and others; and that the publications of the Royal National Life-Boat Institution, with their graphic illustrations, have been, on the whole, productive of much good. Still I believe that the written directions of this admirable Society are, in their present form, calculated to puzzle and confuse persons of limited education and intelligence. First they are told to treat the patient on his face and side, and afterwards—namely, "in from two to five minutes"—the contrary, or position on the back, is enforced. The directions, too, as to manipulations with the tongue (if understood) are calculated to deter many from making an attempt at resuscitation. The profession will agree with me that a bad case of apnœa or asphyxia is sufficiently painful to witness, and one that sometimes closely corresponds with the description given by our great dramatist—

> "But see! his face is black and full of blood;
> His eyeballs further out than when he lived,
> Staring full ghastly, like a strangled man;
> His hair upreared; his nostrils stretched with struggling;
> His hands abroad displayed, as one that grasped
> And tugged for life, and was by strength subdued."

To persons of intelligence and education the present directions are sufficiently explicit; but there is a class—and it is a large one—most frequently present in drowning accidents, too, to whom the terms *inspiration*, *expiration*, *prone*, &c., convey little if any meaning. To bring the subject down, then, to the capacity of every member of society, is one of the objects of the present paper. From the considerations above stated I have reduced "the Ready Method" of Dr. Marshall Hall—in its essentials of prone and postural respiration—to a formula of seven sentences. I may say that the idea has already received the warm approbation of many members of the profession and others interested in the subject; but it is here submitted through the columns of THE LANCET for a fuller verdict.

Instantly place the patient on the face and side, supporting the head.
Unfasten the clothes about the neck and chest, braces, &c.
Wipe and clear the mouth and nostrils.
Raise and support the chest on a folded coat or bundle.
Roll the patient constantly and gently from the face to the side, and back again, occasionally changing the side, supporting the head.
On the completion of each turn to the face make a brisk pressure on the back, between and below each shoulder-blade.
Dry and rub the patient briskly, rubbing upwards.

Should these suggestions receive the sanction of the profession, it might be well to have large placards printed and posted about river-sides and bathing places. In every town, I doubt not, there are benevolent persons who would gladly contribute towards this object; in my own town many I know have offered to assist.

Before I leave the subject I wish to say, is it not an oversight, on the part of our profession, that the name of Marshall Hall is not linked with any scholarship or exhibition at any of our universities or colleges? It is true that it could hardly add a more varied lustre to a name "that posterity will not willingly let die;" and it may be said that such foundations are liable to abuse. But this last might be said of many good objects; and it is, therefore, no valid objection to their use. For the younger members of our profession no name in the modern history of medicine could be a more worthy association, or example offer a more powerful incentive to industry. I hope the subject may be taken up by those of standing and influence and others in the profession, with whom I would gladly co-operate.

Newcastle-on-Tyne, Oct. 1868.

OXIDE OF ZINC AS A THERAPEUTIC AGENT.

BY J. WARING-CURRAN, L.K. & Q.C.P.I., &c.

THE therapeutical importance of oxide of zinc as an article of the materia medica has induced me to impartially and fairly test its influence and effect in those several diseases which its administration would most likely benefit, and the result of my experience may, I think, be confidently relied upon by any who may feel inclined to exhibit it in similar affections.

Phthisis.—Oxide of zinc will be found of great value in the earlier stages of this distressing disease. It seems to steady the nervous system, and act as a sedative to the wandering pains and general depression which exist at the commencement of the complaint. In the later stages, where profuse sweating and colliquative diarrhœa harass the patient and quickly lower the vital capacity, its very wonderful effect of checking the latter and arresting the former is best learnt from the lips of the sufferer himself. It certainly is one of the physician's grandest weapons, and an agent, once employed, never again to be dispensed with. I prescribe it in two-grain doses, with extract of conium, in the form of pill, giving three in the day to begin with, and gradually increasing the dose every week or so, until fabulous quantities of the oxide are taken daily.

Epilepsy.—The oxide of zinc in pill and the bromide of potassium in mixture form a method of treatment I consider not to be equalled, when assisted by the occasional application of Chapman's spinal ice-bag, in cases of epilepsy. The oxide of zinc I have administered alone, giving camphor julep as a placebo, in some severe forms of the disease; and although under its use the number of attacks became less, and the general health of the patient improved, I did not obtain the same satisfactory results as when combined with the bromide. The bromide I have also exhibited *per se*, but experience has taught that the one is essential to the other, and that the two drugs combined form an indispensable method of treatment,

by steadying the system generally, equalising the circulation of the nervous centres, and thus warding off the attacks of the most distressing complaint which comes within our province to treat.

In *Spermatorrhœa* and *Gleet* I find it a drug of the greatest importance. In the former, I have given it during the day, with some camphor and conium at bedtime, with the happiest results. Under its administration in the latter the mucous membrane appears to take on healthy action, and we get speedy riddance of a class of patients who hitherto gave no little trouble to their attendant, whilst in many instances they themselves became hypochondriacs.

Chronic Diarrhœa and *Dysentery* are best and most speedily treated by the oxide of zinc.

In *Hysteria* I have remarked it a more reliable and efficacious preparation than the over-estimated valerianate.

In *Delirium Tremens*, when the morphia or cannabis has done its duty, the after-treatment by zinc is something to be observed rather than described; the constant dread, restlessness, and disturbed sleep are quickly overcome by the bracing agency of the drug. "Every pill I swallow steadies me," they tell you. I had a patient who never went to town without a box of the pills in his pocket, for, if his story is to be believed, "they keep off the after-consequences" of the stimulating beverages in which he indulges. Suffice it to say he was the frequent subject of delirium tremens. I brought him through one severe attack, and, although his habits are not changed, he has not had a similar one since; but he takes care to carry the prescription in his pocket-book, and attributes his good fortune to the medicine, which he looks upon as a prophylactic.

When commencing the administration of oxide of zinc, care must be taken not to give it upon an empty stomach, as it produces a nausea which gives the patient a dislike to the drug, and an antipathy difficult to overcome by subsequent reasoning.

Spalding, Oct. 13th, 1868.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

ANGINA PECTORIS, DEPENDING UPON OCCLUSION OF THE MOUTHS OF THE CORONARY VESSELS.

(Under the care of Dr. WADHAM.)

IN the seventeenth volume of the Pathological Transactions, Dr. Dickinson has recorded three cases of angina pectoris, depending, as he believes, upon blocking-up of the orifices of the coronary arteries by "soft" atheroma. The following case is so much in accordance with the views there set forth, that it seems worthy of being placed on record, as an appendix to those cases. We are indebted for the notes to Mr. T. P. Pick, pathological registrar.

Samuel B——, aged sixty-four, was brought into St. George's Hospital dead. The history that was obtained was, that he was in the park in company with a young woman, when he suddenly complained of dyspnœa and tightness about the throat, and that he then staggered and fell. The only previous history that could be obtained was, that he was subject to similar attacks, and was known to have heart disease.

On post-mortem examination, the body was found to be that of a well-nourished man. There was no rigor mortis; and there was no mark or abrasion on any part of the body. The glans penis was covered with spermatozoa, and from this fact it was surmised that he had died during the act of sexual intercourse, the excitement having produced a paroxysm of the disease from which he suffered. The brain was congested, and the puncta vasculosa were increased in number; the sinuses also, and the veins of the corpus striatum and choroid plexuses, were full of blood. There was a slight excess of fluid in the subarachnoidean space. The lungs were slightly congested, but otherwise quite natural. The heart was of large size, weighing fifteen ounces, and was covered with a very considerable layer of fat. Both ventricles were in a state of semi-contraction, and contained a little fluid blood. The structure was rather soft and fatty, and of a paler colour than natural. Under the microscope, an increased amount of fat-globules were seen, but the muscular striæ were well marked. The valves were blood-stained. The arch of the aorta was covered over by large patches of "soft" atheroma, situated beneath the lining membrane. One of these patches was immediately above the left coronary artery, the orifice of which it overlapped and had contracted so much that it was not possible to introduce a fine probe. The orifice of the right artery was also very considerably contracted from the same cause, though not to the same extent. The coronary vessels themselves were quite natural, with the exception of one or two slight specks of atheroma. All the other organs were natural, except that the kidneys were in a very early stage of granular degeneration.

LONDON HOSPITAL.

INTRA-OSSEOUS ABSCESS; TREPHINING.

(Under the care of Mr. MAUNDER.)

A LAD about fifteen years of age had experienced a more or less constant pain in the upper part of the tibia for three months before admission, the pain being aggravated at night. There was no history of injury, and the youth had not been seriously ill for some years past. He had followed his occupation up to the day of admission. The upper third of the tibia was enlarged to the size of the adult bone, the skin over it being red, hot, and painful, more especially just below the tubercle, where the redness was most pronounced. There was no fluctuation. Leeches and poultice, with good diet and wine, were ordered. All the inflammatory symptoms diminished; but in a few days returned. Leeches and ice were now employed with a similar effect; but the symptoms again returned. Mr. Maunder suspected abscess in the bone; and the trephine discovered one in the centre of the tibia, beneath the red spot on the skin. Twenty-four hours subsequent to operation, the painful sensations subsided. When we saw him on Wednesday last, the wound was healing rapidly under a dressing of chalk with carbolic-acid oil, and the patient was quite free from any pain.

NATIONAL HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

SYPHILITIC DISEASE OF THE BRAIN; OPTIC NEURITIS; CONVULSIONS BEGINNING UNILATERALLY.

(Under the care of Dr. HUGHLINGS JACKSON.)

THE following case is one of a class of cases of disease of the nervous system which is, Dr. Hughlings Jackson thinks, the most important of all. We can give but an outline of the history of the main features.

A man, aged twenty-four, was admitted in January, 1868, for convulsive seizures, each of which began in the left hand. After each severe fit he was weak of the left side. His sight was apparently good; but his field of vision was not tested. Nevertheless, he had double optic neuritis (descending). His eyes were examined by several good ophthalmoscopists (Carter of Stroud, Soelberg Wells, and Clifford Allbutt of Leeds). The patient had also severe pain in the head. Now, the disorder of the unilateral muscular region and the "epileptic hemiplegia" showed plainly, Dr. Hughlings Jackson believed, that there were pathological changes in the corresponding cerebral hemisphere. The pain in the head and the optic neuritis showed that the local internal disease was "coarse," and the subsequent cropping up of a node on the right side of the head declared that the "coarse" disease was syphilitic. The fits continued at irregular intervals, and, besides, the muscles of the affected arm were the seat of a great variety of abnormal movements. It is important to observe that, after one severe fit, the right third nerve was palsied. The patient's sight failed a few weeks before his death (Aug. 29th); and on the 8th of August they presented the appearance of the "swollen" disc. As was easily inferrible during the patient's life, there was found at the autopsy a syphilitic mass, or rather a cluster of syphilitic nodules, growing from the dura mater, and seem-

ingly pressing the pia mater before it into the right cerebral hemisphere. Iodide of potassium was given in large doses—ten and twenty grains; but did little good. The bromide was also given.

Provincial Hospital Reports.

SHEFFIELD HOSPITAL FOR WOMEN.

FOUR CASES OF OVARIOTOMY.

(Under the care of Dr. EDWARD JACKSON.)

CASE 1.—E.C——, aged thirty, married; had no family; catamenia regular; enjoyed good health until about three months ago, when she began to lose flesh rapidly. First noticed abdominal enlargement five years ago; this was attended with more or less pain. She was admitted into the hospital on October 1st, 1865. On examination, the tumour was pronounced to be ovarian; fluctuation distinct throughout its extent; abdominal circumference, thirty-seven inches and a half; uterus healthy; general health good.

Operation.—October 26th: Chloroform was administered, and an incision three inches in length was made in the linea alba; the cyst was readily exposed, and was tapped. No adhesions existing, it was drawn out, but was found to be attached by a very large pedicle. This required an enlargement of the incision three or four inches upwards, as it was found impossible to apply ligatures with the small incision that was first made. There was no distinct pedicle, but a short broad attachment, extending from the left ovary, over the whole posterior surface of the uterus, to the right ovary. This was tied in three portions, and the ligatures were secured with iron-wire coils, the heads of which protruded from the lower part of the wound, the latter being closed with four wire sutures. A morphia suppository was administered, and she was ordered to take milk, arrowroot, and effervescents and ice if vomiting occurred.

Oct. 27th.—Had a restless night; frequent vomiting; diffused pain over the whole abdomen; pulse 144, very feeble; countenance anxious and sallow. Ordered injections of beef-tea and wine; poultice to abdomen; repeat suppository.

28th.—Pain more severe; pulse weaker, irregular; continued vomiting. She gradually sank, dying forty-four hours after the operation.

Autopsy.—Peritoneum generally injected, and more or less covered with lymph; purulent deposit existing under the liver, and in the pelvic cavity. In this latter situation the parts had a decidedly sloughy appearance.

Remarks.—From information gained subsequently, it was proved that this patient had led a very irregular life, and been addicted to habits of intemperance.

CASE 2.—M. F——, aged fifty-five, of spare habit of body; had nine children; catamenia regular up to forty-three years of age; suffered from varicose veins of both legs for twenty-eight years; uterus prolapsed for four years. Has enjoyed moderate health, occasionally suffering from bilious derangements, and slight attacks of enteritis. First noticed abdominal enlargement two years ago, but it has increased more rapidly the last six months; has given rise to little pain or discomfort.

The patient was admitted into the hospital on August 5th, 1866, and her state was as follows: Abdominal circumference, thirty-seven inches; from right ilium to umbilicus, nine inches; left ditto, ten inches; fluctuation distinct throughout; flanks tympanitic; uterus healthy; general health good.

Operation.—August 31st: Chloroform having been administered, an incision four inches in length was made immediately below the umbilicus. The cyst was found to be freely movable, and was tapped. The incision now required extending two inches, in order to extricate a semi-solid mass which was situated near the pedicle. The latter was small, and was readily secured with a single ligature, which was fixed by an iron-wire coil. The wound was brought together with four wire sutures, the head of the coil projecting from the lower part.

Sept. 1st.—Slept badly; been much troubled with flatus and vomiting; has slight pain over the whole abdomen; pulse 90; tongue dry and furred. Ordered a morphia suppository; to take milk, soda water, and ice.

2nd.—Vomiting still very troublesome; pulse 100, fuller; abdomen painful, and slightly tympanitic; great thirst. Removed the coil.

3rd.—Vomiting incessant; pulse 110, weaker; abdomen still painful. To have injections of beef-tea and brandy; warm fomentations to abdomen. Mercury and opium ointment to epigastrium. Bowels opened by injection.

4th.—Vomiting still severe; pulse 118, very feeble; less abdominal pain; tongue cleaning. To take a pill with creasote and opium every four hours.

5th.—Vomiting less; tongue much cleaner; pulse 120, slightly improved. Removed sutures, and found the wound almost healed.

7th.—Had a good night; vomiting very slight; pulse 112, stronger; abdomen soft, free from pain; tongue glazed and sore, probably from the ice. To discontinue ice, and take oysters and rice pudding.

10th.—Improving; pulse 104, stronger; bed-sore forming on sacrum. Ordered bark and ammonia; full diet, with wine.

19th.—The improvement had been steady until this morning, when she was suddenly seized with bilious cholera, attended with violent cramps and marked collapse; pulse almost imperceptible; extremities cold; eyes sunk. Ordered sinapisms to epigastrium and abdomen; beef-tea and brandy injections; creasote pill with opium.

20th.—Slightly improved; warmth returning to extremities; vomiting and purging abating; pulse 140, just perceptible; abdomen considerably distended; bed-sore discharging; tongue glazed and aphthous.

21st.—Much better; pulse 108, stronger; abdomen soft. To repeat the bark and ammonia.

From this date she continued to improve, the abdominal wound being perfectly healed, and the bed-sore nearly so. She was discharged from the hospital on Oct. 10th.

The cyst was found, on examination, to be unilocular, with a mass of gelatinous substance, weighing about two pounds, situated near the pedicle. The fluid measured fourteen pints and a half.

CASE 3.—H. H——, aged fifty-five, moderately corpulent; has had six children; enjoyed good health generally until the last six months. First noticed abdominal enlargement twelve months ago, but has suffered little from it, except from the discomfort arising out of the large size of the tumour. She was admitted into the hospital on Sept. 10th, 1867, and her state was as follows:—Abdominal circumference, 61 in.; from right ilium to umbilicus, 17¼ in.; from left ditto, 16 in. Uterus healthy; general health good.

Operation.—Sept. 23rd: Having been put under the influence of chloroform, an incision, six inches in length, was made below the umbilicus, the abdominal wall being of unusual thickness. The sac was found to be very firmly adherent to the abdominal wall, and required some degree of force to separate it. The cyst was tapped, and about ten pints of fluid were drawn off. Three other cysts were subsequently tapped, but still the adhesions prevented the extrication of the tumour; the incision was therefore extended three inches above the umbilicus. The adhesions were found to be very firm in the region of the liver; these were carefully torn through, and, no further adhesions being found, the tumour was drawn out. The pedicle was a small one, and was secured with a double silk-cord ligature, and dropped into the cavity; the wound was brought together with six deep and eight superficial sutures, the abdominal cavity having been well sponged out, as much fluid had escaped into it during the operation. A morphia suppository was administered; and ice, soda-water, milk, and arrowroot were ordered.

Sept. 24th.—Had a tolerable night. Pulse 93; thirst troublesome; abdomen soft, and free from pain.

25th.—Occasional vomiting during the night. Pulse 100, fuller; flatus troublesome, causing slight pain in abdomen.

26th.—Vomiting diminished; pulse 96; complains of great oppression at epigastrium; tongue furred and rather sore. Discontinue ice, and apply mercury-and-opium ointment to epigastrium.

27th.—Been disturbed with flatus and diarrhœa. Tongue cleaning; very little vomiting; no pain or distension of abdomen. Removed four deep sutures. At 6 P.M. it was found that the wound had opened slightly since removing the sutures, and about three pints of serum, mingled with blood, had escaped; but she experienced relief from it. Pulse 112.

28th.—Had a good night; no further discharge from wound; still troubled with diarrhœa; pulse 112. To have chicken, milk and lime-water, and port wine.

30th.—Diarrhœa still troublesome; pulse 112, weaker; tongue red and glazed. Remaining sutures removed.

Oct. 2nd.—Bowels less relaxed; pulse 106; tongue improving; requires catheter to be used, not having been able to pass water for the last three days.

5th.—Improving in every respect; appetite very good.

From this period she continued to improve, and was discharged from the hospital on Oct. 26th, feeling quite well.

The tumour was found to consist of four large cysts, with two semi-solid masses weighing four pounds. The amount of fluid drawn off was forty-eight pints.

CASE 4.—E. N——, aged twenty-seven, a healthy-looking woman, but states that she has lost flesh considerably during the last six months; had no family; catamenia generally regular. First noticed abdominal enlargement two years ago, but it has caused her little pain or discomfort.

When admitted into the hospital on December 12th, 1867, her state was as follows:—Abdominal circumference, forty-one inches; fluctuation distinct in epigastric and umbilical regions; obscure towards pubes, where there is a distinct projection. Sound only passes about three-fourths of an inch into cervix uteri in an anterior direction.

Operation.—January 2nd, 1868: Chloroform was administered, and an incision five inches in length was made below the umbilicus. The sac was found to be generally adherent to the abdominal wall; the adhesions were separated without much force, and the prominent cyst was tapped; others were subsequently tapped, but still the tumour remained firmly fixed in the cavity. The reason of this was soon explained after the incision had been extended upwards for about three inches: the sac was found to be most intimately adherent to the intestines posteriorly, as well as to the omentum. In fact, the adhesions were so firm that it was difficult to distinguish clearly the line of demarcation. The fingers were employed to separate them, great force being used in several situations where vessels of some magnitude existed; these, however, were torn through, and very little hæmorrhage occurred. The appendix cæci occupied a singular position; it lay firmly bound down by adhesions in a distinct canal formed between two of the cysts. The omentum, being much torn, was tied by a single ligature near the bowel, and the greater part was removed. The sac was still found to be firmly fixed in the pelvic cavity, and strong adhesions were found to exist between it and the left ovary, the whole of the posterior surface of the uterus, and the right ovary. These were separated with considerable difficulty, and the pedicle, arising from the right side, was isolated.

The patient had been upwards of an hour and a half under operation, and showed serious symptoms of sinking, so the pedicle was rapidly secured with a single silk-cord ligature, cut off short, and dropped into the cavity. On examination, the left ovary was found to be diseased, forming a solid tumour about four inches in diameter, with a thick pedicle. This was tied with a double ligature, cut off, and dropped in.

The abdominal cavity was well sponged out, and the wound was brought together with six silk sutures. After the operation stimulants were freely administered, and in two hours she rallied slightly. She was ordered milk, beef-tea, arrowroot, and stimulants, if necessary. A morphia suppository was administered.—8 P.M.: Feels very comfortable; pulse 145, extremely feeble; no pain; has taken support moderately.

Jan. 3rd.—In the early part of the night she was restless, and had slight abdominal pain; but, after a second suppository was used, she slept, and was much easier.

4th.—No unfavourable symptom; pulse 120, very feeble.

6th.—Still progressing favourably; appetite good; abdomen perfectly comfortable.

8th.—Complains of pain and numbness in the left arm. Removed four sutures; wound quite healthy.

10th.—Feels extremely prostrate; pulse 112, feeble. Has no power to move in bed.

12th.—Bowels were relieved to-day with much difficulty. Removed remaining sutures.

17th.—Gains strength very slowly; but still exhibits no unfavourable symptom. Ordered quinine, full doses of port wine, and a liberal supply of animal food.

From this period she slowly improved, being retarded seriously by a large bed-sore which formed over the sacrum. The abdomen remained perfectly comfortable, the wound healing rapidly. She left the hospital on March 7th, feeling very well, but paid an occasional visit as out-patient on account of the bed-sore.

On examination, the parts removed consisted of an irregularly-shaped sac, forming three large lobes, with numerous smaller cysts,—this representing the diseased right ovary; a solid tumour, with several small cysts in it, representing the left ovary. The greater portion of the omentum was also removed. The fluid drawn off measured twenty-five pints.

Remarks.—There are several points of interest connected with this case which deserve special comment. The adhesions were unusually firm, and involved organs of such importance that the force used might be considered unwarrantable were not the result successful. The intestines were subject to much rough usage, and exposed for a great length of time. Both ovaries were diseased, and were removed, as well as the greater part of the omentum. These facts should give encouragement in cases such as the above, especially where the case is considered non-malignant, and where the subject is a healthy woman. In Dr. Jackson's opinion, so long as the peritoneum is not lacerated, considerable force may be used in separating adhesions wherever they may exist. It may be interesting to state that the subsequent catamenial periods exhibited the following symptoms: at the first there was slight bleeding from the nose; but at the second no symptom whatever beyond pain over the sacrum.

NORTH STAFFORDSHIRE INFIRMARY.

SURGICAL CASES.

(Under the care of Mr. W. H. FOLKER.)

THE notes of the following cases were supplied by Mr. J. M. Taylor, house-surgeon.

Albert H——, aged sixteen, joiner, was admitted into the above infirmary on August 29th, 1867, on account of a tumour existing in the substance of upper lip. The swelling was on the left of the median line, corresponding to the left central incisor tooth, and seemed to be formed of hypertrophied lip. It caused a good deal of deformity, as the patient was unable to accurately close his lips. The tumour felt hard, but was not painful. On carefully examining the swelling, a small aperture was perceived at its base, and on passing a fine probe a hard substance was felt, which was diagnosed to be a tooth.

Aug. 31st.—An incision having been made through the tumour, a tooth was found at its base. On attempting to extract it by the forceps, it was fractured; this proved to be owing to its peculiar shape, being of a crescentic form, and passing almost at right angles to the alveolus. After its removal the swelling disappeared, and the patient was discharged on the following day.

On the same day Mr. Folker performed lateral lithotomy on a boy of five years, who had suffered from symptoms of stone for twelve months. The operator, after having passed a grooved staff into the bladder, pushed the point of a lithotomy knife into the perineum, half an inch above the anus, and, its point impinging on the staff, by one incision made an opening into the bladder. On passing the index-finger of the left hand through the wound, and introducing the forceps, the calculus was quickly extracted. It was the size of a large bean, and quite smooth.

The patient continued to progress favourably up to the fifth day, when the urine, which until then had passed altogether by the wound, came for the first time in small quantity by the urethra, as well as by the incision.

6th day.—Passed more urine per urethram.

10th day.—Passed more by urethra than by wound.

14th day.—Passed all by urethra; wound closed, except at external orifice.

Discharged on Sept. 23rd (24th day), quite well.

Since the above case, Mr. Folker performed lateral lithotomy (Nov. 2nd, 1867) in the same manner, using only one incision.

The patient was a boy, aged four years. This case was remarkable from the fact of the urine passing by the urethra immediately after the operation, and on the third day after the operation all the urine passed by the urethra, so that primary union must have taken place in the internal incision.

Discharged on November 18th, quite recovered.

THE inhabitants of Bristol have apparently arrived at the conclusion that their city ought to have a fever hospital to which cases might be removed for proper isolation and treatment. They have been moved, as we learn, to this consideration by the discovery that an ordinary house, situated in a thickly peopled part of the city, has been let by its proprietor for the reception of fever cases from Colston's School at Stapleton.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 20TH, 1868.

MR. SIMON, F.R.S., PRESIDENT, IN THE CHAIR.

THE PRESIDENT commenced the proceedings with a few congratulatory comments on the re-assembling of the Society, and stated that a very handsome and valuable volume of Transactions will be distributed to the members within a few days.

Dr. PEACOCK exhibited the first specimen, an Aneurism of the Cerebral Artery, taken from a woman twenty-four years of age. She was attacked by paralysis and loss of speech, but rallied; on a second attack she never recovered from insensibility, and died. At the post-mortem there was extravasation of blood over the whole left side of the brain, extending to the vertex. At the place of the division of the internal carotid artery was a small sac the size of a filbert. There was no connexion apparently between the sac and the extravasated blood. There was softening of the corpus striatum and the optic thalamus.

Dr. PEACOCK also brought forward a specimen of Malformed Heart, sent him by Mr. Gascoyen. It was not of an uncommon nature. It had been taken from a cyanotic girl, aged eight years and a half, who died during an attack of dyspnœa. At the post-mortem, the pulmonary artery was found to be greatly diminished, its orifice admitting only a small probe. The aorta was large, and arose in part from the right ventricle, which was dilated. The foramen ovale was closed, probably in consequence of the free communication with the ventricles. The pulmonary artery divided almost immediately after its origin, and Dr. Peacock regarded the origin of the malformation as due to a premature obliteration of the ductus arteriosus.

Dr. SANDERSON exhibited the Supra-renal Capsules and Liver from a patient who died with Addison's disease. The right supra-renal capsule could be felt post mortem as a hard mass attached to the under surface of the right lobe of the liver. While the parts were still *in situ*, the splanchnic nerves were dissected out on either side, down to the semilunar ganglia, and a section was made of one of the ganglionic masses. It was found (*a*) that the ganglia and the nerves by which they were connected with the supra-renal capsules were surrounded by firm adventitious tissue. (*b*) That the *left capsule* was hard, firm, and semitransparent externally, soft, yellow, in some parts opaque and calcareous internally, and that it was so firmly incorporated with the kidney that they could not be dissected apart. (*c*) That the right capsule presented the same appearances, but was less disentegrated. It was united with the liver as firmly as the other with the kidney. Sections were made of the right capsule, and the part of the kidney adherent to the left capsule of the corresponding part of the liver. The external semitransparent part of the right capsule was found to present two distinct appearances. In some parts the normal cylindrical masses of cells which constitute the parallel laminæ of the cortical substance of the renculus in the natural state, with the sheaths of connective tissue by which they are limited and separated from each other, could be made out without difficulty, and seemed not to have undergone much alteration. In others there were masses of newly-formed material, which possessed the usual characters of adenoid tissue. In fact, the whole organ was encapsuled in a dense layer of newly-formed adenoid connective tissue, which extended therefrom inwards among the original cortical substance of the organ, being intermixed with it in such a manner that in every section some parts were met with which exhibited the characters of the new growth, and others in which the original structure could be made out more or less distinctly. In making sections through the indurated part of the liver, it was found that the induration was due to the interstitial growth of adventitious tissue, having the same character as that observed in the supra-renal capsule. The growth was not confined to the interlobular spaces, as is the case in those degenerations of the organ which consist in the formation of similar tissue throughout its whole substance, but evidently penetrated into the acini themselves, breaking up and separating from each other the converging columns of cells of which they are formed. In the left kidney the induration was of the same nature. Some sections exhibited nothing but new tissue, while in others the Malpighian capsules and the remains of the convoluted tubes were surrounded and apparently compressed by the heaping together of innumerable corpuscles. These facts tend to show interstitial growth of semitransparent masses in an organ, which growth, although it may have the structure of grey granulations, and undergo caseation in the same way, is not necessarily connected with a general process of tuberculosis.

Mr. CARR JACKSON presented some interesting specimens—a portion of Osteoid (recurrent) Cancer of the Lung; a Calculus of phosphatic nature, which had taken its origin from a piece of fine wire introduced into the bladder of a boy ten months before removal; and, lastly, a Mulberry Calculus, which had been growing ten years probably, and was removed from a lad in Northamptonshire, who for several years had been compelled to pass water every quarter of an hour; the lad is doing well.

Dr. MURCHISON detailed the appearance found in the skin and liver of a person who had died with liver disease and vitiligoidea. After death the changes in the skin were seen to be due to the presence in the cutis of oily matter made up of minute granules, with cells agglomerated, and nucleated cells. This material was in large quantity, and ran out on section in oily patches. The liver weighed eighty-one ounces, and was made up of two parts—the one a dense white material, and scattered through it jaundiced patches, containing the remains of the lobules of the liver. On microscopic examination a large amount of nuclear deposit of fibroid or adenoid deposit was detected. Dr. Murchison thought the disease might be the early stage of cirrhosis.

Dr. FAGGE said he was compelled to modify the statement he had formerly made in regard to the constant relation between jaundice and vitiligoidea. Cases do occur without jaundice, though he thought there might be a form of jaundice existing independently of obstruction to the bile-ducts.

Mr. BIRKETT exhibited a Fibro-plastic Tumour, removed from a man aged thirty-three by amputation of the thigh. Six or seven years since, in consequence of a blow on the left knee, a swelling appeared. The tumour increased without giving rise to much inconvenience till within the last seven weeks, when ulceration, and subsequently hæmorrhage set in. The man was admitted into Guy's Hospital, and had not been there two hours before serious hæmorrhage occurred. The limb was then removed, the bone being very hard at the seat of section. The growth presented the features of white tissue, minutely lobulated, breaking up easily into lobules, which were themselves very dense and firm. The disease was not an infiltrating growth, and was independent of bone, and under the microscope it was seen to be made up largely of fusiform cells. This specimen was referred to the Committee on Morbid Growths.

Dr. FAGGE exhibited a living specimen of Scleroderma, in which hardening and tension of the skin began at the neck, and extended nearly all over the body. A reference was made to the relation between Addison's keloid, morphœa, scleroderma, and leprosy.

Mr. SYDNEY JONES showed an Enchondromatous Tumour removed from the scapula. Its measurements were, in different directions, nineteen, fifteen and a half, and sixteen inches; its thickness about nine inches.

Dr. CRISP exhibited the Cerebellum of a young lady aged thirteen years and a half, who died in a short time from rupture of a vessel in the left lobe. He thought that there were not many cases on record where a girl at this early age, in good health, and with all the organs of the body apparently in a normal state, had died of sanguineous apoplexy. As far as his researches had gone, he found that the greater number of these cases of sanguineous apoplexy in early life was among the female sex, a circumstance that behoved all hereafter to look carefully to the condition of the uterine appendages. — Dr. Crisp also exhibited the Kidneys of a young man who had died of phthisis. They were excessively congested, and weighed fourteen ounces and a half. The patient had been a large spirit-drinker.

Mr. PICK, for Mr. Prescott Hewett, exhibited a specimen of Fibro-cystic Tumour of the Breast, said to have been followed by cancer of the axillary glands, which, however, were not examined.

Mr. BIRKETT remarked that if the sequence mentioned were true, it would thoroughly alter the present diagnostic data in regard to diseases of the breast. The tumour was referred to a committee.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCT. 7TH, 1868.

DR. HALL DAVIS, PRESIDENT, IN THE CHAIR.

DR. BOUSFIELD, of Thetford, was elected a Fellow.

Dr. WYNN WILLIAMS exhibited a specimen of Ovarian Tumour, and gave full details of its dissection.

Dr. HEYWOOD SMITH exhibited an early Fœtus, in which an intra-uterine rent of integument had occurred. Referred to a committee for further report.

Dr. GERVIS exhibited a Double Monster, in whose delivery there were several points of obstetric interest.

Dr. TILT read a paper on

IRRITABLE UTERUS.

The author commenced by objecting to the term "irritable uterus" as representing a pathological nonentity, unless it were only intended to mean the aggravated uterine neuralgia that may accompany any kind of chronic uterine and ovarian disease in women of highly susceptible nervous system. He remarked that the eminent practitioner who invented the term, and thought it represented a new disease, was well aware of the neuralgic character of the phenomena he had observed, comparing it with the hysterical joints of young women, of which Sir B. Brodie had then lately written. Dr. Tilt observed that it was not Gooch's fault if when he wrote uterine pathology was in a very defective state, for the means of diagnosis were so very imperfect that he could not separately identify several chronic uterine diseases that set on foot and kept alive that distressing form of neuralgia which he looked upon as a separate disease. Dr. Tilt maintained that there was no greater difference between the intense form of uterine neuralgia called "irritable uterus" and the ordinary pains of uterine disease than between the toothache of a long-diseased fang and the toothache of a comparatively healthy tooth, or than between an ordinary headache and the excruciating cerebral neuralgia of brain-tissue, the nutrition of which has been impaired by years of confinement to a sick room. He considered the paramount cause of uterine neuralgia to be a morbidly inclined nervous system, without which severe uterine disease will not cause severe uterine neuralgia. Given this morbid tendency, and a very slight amount of any kind of uterine or ovarian disease may cause all the symptoms described as "irritable uterus." It may be congestion of the womb, or metritis, or cervical ulceration, or uterine displacements and flexions, the amount of mischief being often small, but there is always evidence of the womb having been more or less diseased for many years. Entertaining these views, Dr. Tilt entirely dissented from the statement lately put forth by Dr. Graily Hewitt, that "irritable uterus" was nothing more than retroflexion of the womb in a marked form. Dr. Tilt found aggravated uterine neuralgia to be of such rare occurrence that he could not understand how it could be considered of comparative frequent occurrence, unless the name was given to ordinary cases of retroflexion. Neither could he reconcile the assumed possibility of almost universally curing irritable uterus by the use of the American pessary with the well-known fact that many of these cases of aggravated uterine neuralgia are actually made worse by surgical manipulation.

Dr. MEADOWS then read a paper on

FLEXIONS OF THE UTERUS.

The author began by asking whether the congestion and inflammation, with the attendant pain and local distress, which are so frequently present in uterine flexions, are the cause or the consequence of such flexion. He pointed out the practical bearing of the question in its relation to therapeutics, showing that if they were the cause of the flexion, treatment should be mainly directed to them; but if the consequence, then the mechanical reposition of the uterus claims first attention. Allusion was made to the recent advocacy of the latter view by Drs. Graily Hewitt, H. G. Wright, and others, from which the author expressed his entire dissent, maintaining that the former was entirely reconcilable with the clinical history of these displacements, and contending that the explanations offered by the advocates of the latter view were not borne out by facts. The author observed that in the great majority, if not in all, of the cases of uterine flexion which apply for treatment, congestion and inflammation of the uterus exist; and he adduced the following reasons for believing that this inflammation almost invariably precedes, and is the principal if not the sole cause of, the displacement:—1. That very commonly there is an antecedent history of uterine disorder. 2. That cases are often met with presenting very much the same general symptoms as those met with in uterine flexions, but where, on examination, inflammation without any flexion whatever is discovered. 3. When in such cases flexion takes place, the additional symptoms are due merely to the mechanical effects upon the surrounding parts, and are clinically separable from the preceding symptoms. 4. Cases of acute flexion are sometimes met with where no uterine symptoms whatever exist, and in such cases there is a complete absence of all inflammation. Various statistics were brought forward to prove that enlargement of the uterus from frequent gestation strongly predisposes to uterine flexion. Lastly, the author remarked that, for the foregoing reasons, our first care in the treatment of those cases ought to be to remedy that which is not only the cause of the flexion, but is at the same time responsible for by far the greater part of the patient's sufferings. When this is accomplished, but not before, we may resort to mechanical or other treatment for the reposition of the organ. The author believed that great evils would be likely to ensue if this plan of treatment were reversed.

Dr. HENRY BENNET thought that the differences of opinion alluded to in the valuable papers just read might be briefly embodied in two views, which divided the profession, as it were, into two camps. One party attributed most of the varied forms of uterine suffering to displacements, whilst the other thought that these displacements were generally secondary, and often unimportant, and that the uterine suffering was generally the result of chronic congestion and inflammation. To this latter section he himself belonged. He was profoundly convinced that the real benefit to be derived from the treatment of uterine diseases generally was oftener prospective than present. There were so many sources of fallacy at the time of treatment, that it was in vain then to judge of the results obtained. The rest from usual occupations, the attention to general health, the removal of abdominal pressure from the uterus by the recumbent position, or the temporary removal of down pressure by pessaries, all contributed to produce a fallacious improvement. For his own part, he looked for the real result six months, a year, or more, after the entire cessation of treatment. He was not satisfied with an examination unless so made that every part of the cervix and its cavity was as clearly seen as the palm of the hand, or with treatment, unless all inflammatory disease was removed. Once treatment ended, he usually placed his patients under a good home-hygiene system, including cold water uterine douches, and then, if the patient be really free from inflammation, nature unaided generally does the rest, fines down hypertrophied tissues, and restores the uterus to its natural size. He had found that then, with few exceptions, his patients cared nothing at all for the displacements and flexions which often still existed; indeed, he had known patients who had had slight retroversions and flexions for ten or twenty years without any consequent trouble. He would also remark that there were two causes of uterine flexions which were not sufficiently taken into account—viz., arrested absorption of the uterine tissues after miscarriage or childbirth, and marital contact. After childbirth, the uterus had to fine down in six weeks from a weight of thirty ounces or more to that of two or one and a half, and any contusion or laceration of the cervix, any inflammatory action in any part of the uterus, arrests this process; the uterus remains at eight, six, or four ounces, and becomes displaced from overweight. Hence, to cure the displacement, it is necessary to treat the inflammation or lesion which has led to it. Marital contact, as a cause of displacement, was of still more frequent occurrence. If the cervix were rigid from inflammation, it was mechanically retroflexed, and thrust towards the sacrum, or if the uterus responded to the leverage, the latter was thrust forward in anteversion, and the cervix backwards. What mechanical treatment could permanently remedy such a condition, in itself innocuous, and most common in married women?

Dr. GRAILY HEWITT considered that, while the subject under discussion was of the very highest importance, and very suitable for discussion, it could hardly be settled by discussion alone. He felt much obliged to Dr. Tilt and Dr. Meadows for the courteous manner in which they had dealt with the matter so far as he was concerned. With reference to the point which he had in a recent paper contended, the identity, viz., of cases of supposed irritable uterus and cases of retroflexion of the uterus, the views expressed were the result of careful clinical study, and he had nothing on this head to retract or modify. Dr. Meadows had, however, inferentially allowed it to be supposed that he (Dr. Hewitt) thought little of inflammation of

the uterus as connected with flexions of the organ. On the contrary, he believed that in almost all cases of flexion there was a condition of the uterus characterised by engorgement, congestion, enlargement, &c., pre-existing and predisposing thereto. So far then he entirely agreed with Dr. Meadows. But as to the question whether in cases of flexion the co-existing engorgement, increased bulk, and tenderness, constituting the "irritability," or "inflammation," as you please to call it, be the cause of the symptoms, as Dr. Meadows contended or the reverse, he differed from Dr. Meadows, and believed that pathologically, as well as therapeutically, the flexion was the prominent and remarkable feature of these cases. The tenderness of the uterus was generally limited to the displaced fundus, which was usually sensitive to the slightest touch. The restoration of the organ to the proper shape was in his mind the first indication, and the success of this mode of treatment amply justified this view of the case. To treat the inflammation of the uterus without altering the shape of the organ appeared to him as illogical as the application of cooling lotions to the arm with the view of reducing a swelling and tumefaction due to a dislocated shoulder-joint. The parallel was not complete, but would serve to illustrate his meaning. The fact that the uterus was sometimes in such a state that rectification could not at once be attempted must, of course, be recognised. The inflammation had to be treated undoubtedly, but in most cases, he contended, the mechanical rectification did remove, or materially improve, this so-called inflammation. He believed, with reference to the bearing of this subject generally, that further advances in uterine pathology must be associated with a full recognition of the importance of flexions of this organ. The os and cervix uteri, and their lesions, were of course important, but there could be no question that great errors had resulted from the adoption of a system of uterine pathology and treatment which practically ignored the disorders and displacements of the body of the uterus.

Dr. TYLER SMITH believed that the condition to which Gooch applied the term "irritable uterus" depended upon hysterical hyperæsthesia, or hysterical neuralgia of the uterus, and that it might be associated with various uterine lesions, and often with none. Vaginismus was an example of extreme neuralgic sensitiveness, independent of local disease, and other illustrations might be adduced. At the same time Dr. Smith attributed much importance to uterine displacements, and believed that one common cause of retroflexion was perineal laceration, and that in this way displacement occurred without any disease of the uterus itself. He thought that the cases in which the suffering was slight were exceptional.

Dr. RASCH said that a great deal of the discrepancy in the opinions of different authors would disappear if pure cases of flexion were properly diagnosed from those complicated with infiltration of the ligaments, inflammation of the ovaries, adhesions, &c. After describing his mode of exploring the pelvis, he stated his belief that flexions were by no means the harmless affections they were asserted to be by some. The symptoms were mostly well marked, and the relief given in properly selected cases was very striking.

Dr. HEAD had for some time, in all aggravated cases of retroversion, made examination per rectum, and he had so frequently found the left ovary low in the pelvis, swollen and painful, that he was inclined to believe that the symptoms hitherto supposed by some to denote irritable uterus depended mainly on a morbid sensibility of the left ovary, and that this condition had been confounded with the so-called "irritable uterus."

MEDICAL SOCIETY OF LONDON.

THE first meeting of the winter session of this Society was held on Monday evening. The room was crowded, sixty-nine Fellows and twenty-two visitors being present. A letter was read from Mr. J. F. Clarke, in which, after expressing his sense of personal obligation to the Society with which he had been long and intimately connected, he concluded by asking the Society to accept a rare copy of the works of Hippocrates, which had been given him by the late Mr. Travers. A special vote of thanks was accorded to the donor, who intimated his retirement from public life.

Dr. RICHARDSON observed that few were, perhaps, aware of the valuable works which the Society possessed. Amongst them were those of Michael Servetus, Aretæus, Hoffmann, Michael Albertus, and a MS. copy of Ward's Diary, containing an account of the death of Shakespeare.

The names of thirty-eight candidates for the fellowship were announced.

Mr. HENRY SMITH showed a patient whose knee-joint he had excised eight months since, and in whom a good result had been obtained, the limb having previously been condemned to amputation.

Mr. FRANCIS MASON exhibited a case in which he had removed a necrosed mass from the tibia.

The President read a paper "On Bloodletting as a point of Scientific Practice." He reviewed the history of the controversy concerning bloodletting, which, from the contradictory opinions of authorities at various stages, demonstrated the fallibility of so-called "experience" when untempered by scientific deduction. The cause of the decline of the practice could be traced to the gradual introduction of the sciences of chemistry, physiology, and pathology into the art of medicine. There was a crash among the idols of twenty centuries, and it was not strange that at such a time scepticism should arise. It was time now to inquire whether the practice of so long a period was baseless and futile. This could only be done by inquiring categorically into the conditions of the practice, and the causes for which it was employed. It had been used to relieve over-action in acute fevers; to diminish tension; to relieve the more chronic congestions until the lapse of time wrought a cure; to stay the acute pain of serous inflammation; to arrest muscular spasm, check hæmorrhage, and remove effects of shock by reinducing circulatory motion; to control irregular action of the heart, and to subdue convulsion. In regard to these, the ancients saw no danger in the use of the remedy. The point in which they mainly erred was in treating convulsion by bleeding. In uræmia, however, the practice was singularly successful. On the whole, the author concluded that the custom in the present day of refraining under every circumstance from bloodletting was as cowardly as it was founded upon error.

Dr. ANSTIE defended the modern school. The great cause of persisting in the practice of bloodletting was the ceaseless current of dogmatic teaching—the traditions of old professors. Modern science demonstrated methods equally efficacious to fulfil the several ends in view, notably subcutaneous injection for the relief of pain. Moreover, it was shown, chiefly by the sphygmograph, that the signs supposed formerly to indicate increased arterial tension were really marks of diminished tension.

Dr. SUTTON ascribed death in uræmia to œdema of the lung, which bloodletting could not control. He found benefit from venesection in cases of distension of the right side of the heart, and specially in contracted mitral disease.

Dr. Hare, Mr. Lord, Mr. Hunt, and Dr. Crisp advocated its employment.

Mr. HANCOCK, on being appealed to as to the practice of the late Dr. Clutterbuck, remarked that on the occasion when Dr. Clutterbuck broke his thigh he (Mr. Hancock) was sent for. They differed as to the advisability of performing venesection, and he retired. Dr. Clutterbuck was bled, and died the next day.

The President replied to the various speakers.

HARVEIAN SOCIETY.

THE first meeting of this Society was held on Thursday, the 15th inst., when an excellent paper was read by Dr. Handfield Jones "On Sunstroke." Previous to the business of the evening being commenced, Mr. Z. Laurence related an interesting case of Sympathetic Ophthalmia, following accident in the opposite eye, which he had recently had under his care, and in which he had for the first time in England performed the operation of dividing the ciliary nerves proceeding from the cicatrix or painful spot. The mode of division consisted in perforating the sclerotic with a double-edged knife, at some distance from the cornea, opposite the point in the primarily affected eye which on careful palpation with a probe appeared to be most tender. Perfect success followed the operation, the inflammation in the secondarily affected eye being immediately and permanently arrested. Mr. H. Power, in commenting on the case, observed that he had recently had a case in which, the whole globe being tender, he had performed abscission of the cornea and adjoining portion of the sclerotic, with good result.

After referring to the great frequency with which cases had occurred during the past summer, in consequence of the extraordinarily high temperature which had prevailed both in this

country and in America, where during one week no less than 833 cases had been registered in New York alone, Dr. Handfield Jones drew a description of the disease as it had fallen under his own notice, and as observed by Sir Ranald Martin, Dr. Maclean, and others, dwelling especially upon the great importance and variety of the symptoms, indicating that the nervous system was primarily and generally affected; the intellectual, sensori-motor, reflectorial, and vaso-motor centres and ganglia all being more or less seriously implicated, as shown by the loss of consciousness, delirium and coma, the convulsions, and great elevation of the body-temperature. Dr. Handfield Jones alluded to the views of some writers that there were certain points of analogy between sunstroke and the influence of malarial poisons, and pointed out that, at least with high atmospheric temperature, the evolution of malarial poison was increased, whilst those exposed were less able to resist its action. He maintained that long-continued exposure to a high temperature had undoubtedly the effect of enfeebling the nervous power, and to this, when exaggerated, he was disposed to attribute the symptoms of the attack. In speaking of the treatment, Dr. Handfield Jones recommended that every effort should be made to restore nervous power, and to promote the action of the heart; the former being accomplished by exposure to cold, the latter by minute doses of digitalis, strychnia, and stimulants. But he was of opinion that no routine practice could be adopted, every case presenting peculiar features, requiring a discreet application of the remedies suggested.

The subsequent discussion was conducted by Dr. Symes Thompson, Mr. Curgenven, Dr. Broadbent, and Dr. Ballard, the three former of whom agreed with the speaker, whilst the last-named gentleman was disposed to consider depletion to a moderate extent as of great importance.

WESTERN MEDICAL AND SURGICAL SOCIETY.

A VERY able and valuable paper was read on the first evening of the present session, "On the Working of the Contagious Diseases Act," by the president, Mr. J. R. Lane, who, as an active member of the Venereal Committee of the Harveian Society, the association to which it gave rise, and as Surgeon to the Lock Hospital, where the Government patients are sent, enjoys peculiar opportunities of observing the results of the operation of the Act as regards the prevalence of disease. Mr. Lane detailed the results which had been obtained at Chatham, Devonport, Aldershot, Portsmouth, Woolwich, and other places, and enlarged upon them with a view of showing that at the present time it is imperatively necessary that the periodical examination of prostitutes should be rigorously enforced. The good which the Act was calculated to effect was entirely negatived by the neglect of this portion of the Act. He spoke of the diminution in the severity of the disease amongst the Lock patients, and the good effect of the Act on the women. In 1867, amongst the voluntary patients, 80 per cent. were cases of syphilis, and 20 per cent. of gonorrhœa; in the compulsory cases syphilis existed to the extent of 41 per cent., and gonorrhœa to 59 per cent. During the first nine months of 1868, this proportion had still further differed, and there had been only 34·5 per cent. of syphilis to 65·5 of gonorrhœa in the Government cases. The curability of disease is now much more evident. The necessity for strict periodical examination was shown by recent police returns, for out of every five women examined, two had been found diseased. The Act requires to be extended more completely, especially to London, and for this purpose two hundred beds would suffice; but this would be of very little use if the voluntary system alone were adopted.

We regret that our space does not allow us to enter more fully into the subject of the paper. An interesting discussion ensued, in which Mr. Acton, Mr. Gascoyen, Mr. Curgenven, and others took part.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of this Society was held on Tuesday, the 9th inst., at Greenwich. The introductory address was delivered by Dr. Thorowgood, who, after having congratulated the members on the flourishing state of their finances and the good offices of the treasurer, Dr. Purvis, reminded his hearers that they were a true Medico-Chirurgical Society, and as such occupied themselves in clinical, pathological, obstetrical, and therapeutical subjects in their widest sense. It was a thoroughly practical Society, composed mainly of those employed in the daily exercise of the art of medicine and surgery; and it was from the experience thus gleaned that they looked for the supply of those papers by the reading and discussion of which the life and growth of this Society was to be maintained. Dr. Thorowgood continued: "Thanks to the energy of our late president, Mr. Lockhart, our last session seemed to me quite a successful one in the practical nature of the papers that were read; and I feel sure that if we endeavour still to keep up the same character in the papers brought forward during the session now commencing, we shall find our friends ready to assist us with the results of their experience, the gain to our knowlege will be great, and its acquisition pleasant and agreeable. I have ventured to throw out these few hints just to stimulate the zeal of our members at starting for the new session." Dr. Thorowgood then referred at some length to the present position of medical science, and gave a sketch of recent researches on the causation of fevers, inoculation of tubercle, and other topics which have been prominently before the profession of late. In alluding to the various social matters of special interest, he said—"I ought to make mention of the well-known and most beneficial labour spent on behalf of the almost forgotten poor who crowd our workhouses both in town and country. That the leading journal of our profession—THE LANCET—should have first set on foot a commission earnestly to seek out, and efficiently to succour, these poor neglected creatures is a deed of which our profession may be justly proud; and it is pleasing to us to think that a former distinguished president of this Society, Dr. Carr, was one of the earliest and most active workers at this most honourable and humane task." The address concluded with a special exhortation to the more careful study of therapeutics.

PRACTICAL TEACHING OF ANATOMY AND SURGERY.

To the Editor of THE LANCET.

SIR,—It has long appeared to me that there is still (and ever will be unless teachers alter) a sad deficiency in the useful teaching of Anatomy and Surgery. The situations of the muscles, and the relations of the vessels and nerves, as well as the several organs of the different viscera, are never pointed out on the living subject, or on the dead body previous to the removal of the skin. Is there one teacher of Anatomy who points out the situation of the femoral or carotid on the dead subject before the skin is denuded? Is there one teacher of Physiology in all the medical schools of Great Britain who insists upon his pupils' listening to the natural sounds of the heart and lungs? Or is there one lecturer on Medicine who maps out on the healthy living subject the exact situation of the heart or liver? Or who is the Professor of Surgery who gets his class to examine in his presence the prominence of the deltoid, or the configuration of the sterno-cleido mastoid muscles, so as to make sure of their relation to the head of the humerus and the carotid artery? Or are the joints ever manipulated by the pupil when healthy and in their right position? Unless teachers can give a positive answer to a question of this sort, it is worse than nonsense to examine clinically and practically, and it is folly to pretend to say that there has been anything approaching complete practical teaching. One lecture to the advanced student by a good anatomist and physiologist who is neither ignorant nor careless of the work of a surgeon, or the duties of a physician, on a good well-developed living subject, would do more real good than six months' lectures on minute anatomy, hypothetical physiology, organic chemistry, and the use of the stethoscope and microscope, and many other means of solving very delicate questions, which are not to be despised. I am, Sir, yours obediently,

Bromsgrove, Oct. 14th. R. PROSSER.

THE SANITARY CONGRESS IN GENEVA.—This Congress was formally opened on the 5th instant, most of the European States having sent delegates. It is to be hoped that its labours will lead to an amicable understanding as regards the care to be bestowed on the sick and wounded in the conflicts between large masses of troops.

THE LANCET.

LONDON: SATURDAY, OCTOBER 24, 1868.

WE briefly announced, last week, that at the meeting of the Council of the College of Surgeons on Thursday the 15th inst. a resolution was carried which would ensure the publication of the proceedings of the Council. We had hoped that when the members of the Council really addressed themselves to the question of giving that publicity to their proceedings which the profession demands at their hands, they would have gone into the matter in a liberal spirit, and with the determination to do what was right. Unfortunately, however, the resolution that was carried (in place of a more liberal amendment, to which we shall presently allude) simply provides, as we understand, that an authorised report of the proceedings of the Council, except those relating to matters still under discussion or *not confirmed* by the Council, shall be posted in the hall of the College within a week after each meeting, having been previously submitted to the President for approval.

This resolution, then, simply proposes to vouchsafe the Fellows and Members of the College, who care to go to their own College for the purpose, the opportunity of reading, a month or six weeks after date, the very information which they can find in *The Times*, in our own columns, or in those of our contemporaries, the day after the meeting of the Council. The resolution passed on Thursday week is not yet confirmed, and cannot be till next month or later, and yet is perfectly well known to the profession and the public. What boon will its formal suspension in the hall of the College, under the surveillance of a beadle, be to anybody? But we should be more thankful for the small mercies promised us, were it intended to give the Fellows of the College, who elect the Council, opportunity of knowing how the gentlemen who have been returned have given their votes, and what part they have taken in bringing about this or that resolution. It is not proposed, however, to give even the number of votes for and against each proposition, much less the names of the voters, or the discussion which preceded their decision. Again, many propositions of reform are, we fear, either openly burked or quietly shelved without coming to a vote; of these no record will of course be given, for they will never be *confirmed*.

It thus becomes evident that an elaborate attempt has been made "not to do it," for the information which is to be given will be useless, and moreover of a date long past. The amendment to the resolution, to which we have already alluded, and which was largely supported, was, we hear, to publish the resolutions within a week, and without waiting for their confirmation. This, though a step in the right direction, would still have failed to give the information which is wanted, and which now always oozes out through other channels—how each member of the Council fulfils the trust which has been reposed in him by those who elected him, and who will look to him for an account of his stewardship. It really surprises us that twenty-four gentlemen, who may be presumed to have some acquaintance with constitutional history, should now be endeavouring to withstand that demand for the publicity of their proceedings which other august bodies have been unable to resist. The sooner a reporters' table is introduced into the Council-chamber at Lincoln's-inn, the easier will become the position of those Councillors who honestly endeavour to do their duty by their constituents; and this offers the best solution of the difficulty, as has been proved experimentally by the General Medical Council.

IN a recent number we noticed the observations of M. BIESIADECKI on the mode of formation of a blister. We proceed to give the summary of another interesting essay by the same author, on the structure of the skin, and on the pathological anatomy of certain common cutaneous affections. In most of the modern text-books the limit between the corium and epidermis is drawn or described as being exceedingly well defined. According to M. BIESIADECKI, this is not quite an accurate statement. In newly born children, and even to some extent in adults, the two structures are continuous with one another. In infants the superficial portion of the corium consists of a homogeneous protoplasm, with fine granules; and the stratum Malpighii or rete mucosum consists of the same granules, which have enlarged and invested themselves with a definite portion of the protoplasm. These, as they gradually become more superficial, assume a flattened form and horny character; the change commencing with the shrinkage of the nucleus, causing it to be surrounded by remarkable and sometimes very regularly arranged vacuolæ. Besides the ordinary rounded cells, the rete mucosum also contains other elongated cells, resembling connective-tissue corpuscles, which proceed from the connective tissue of the corium, and are, in fact, identical with the migratory or wandering cells of RECKLINGHAUSEN and others. They are small, fusiform, elongated, and often branched, containing one or two long, staff-shaped nuclei, and play an important part in cutaneous diseases.

As regards the pathological anatomy of the skin, BIESIADECKI states explicitly that all the various forms of cutaneous disease are essentially of an inflammatory nature, differing *inter se* only in the extent and part of surface affected, and in the greater or less intensity of the inflammation present.

In regard to eczema, in which numerous little elevations form that subsequently become vesicles, and either burst, leaving a moist surface, or form pustules, a careful examination of hardened specimens shows that the papillæ are the chief seat of the disease; and that in the earliest stage these become broadened and elongated, consequent upon the exudation of a clear, serous fluid. The connective-tissue corpuscles, stimulated in their growth by the abundance of pabulum, enlarge, become succulent, and multiply; and the resulting free cells migrate from the papillæ, and insinuate themselves between the cells of the rete mucosum. Such cells present an elongated form, are often branched, and their prolongations, which may extend as far as the corneal layer of the epidermis, unite to form an irregular network, within the meshes of which the cells of the rete mucosum are enclosed, distinguished by their rounder shape and less granular appearance. BIESIADECKI considers that these wandering or nomad cells of the papillary connective tissue constitute a system of nutritive canals for the mucous layer, and that by their agency so large a quantity of the serous fluid infiltrating the papillæ is brought to the

rete mucosum, that the cells of this layer become greatly swollen, and possibly burst. The epidermis, thus separated, appears as a minute blister, and, if this be detached, the wet surface of the mucous layer remains.

M. BIESIADECKI had a good opportunity of observing the mode of formation of pustules in a man who died from pneumonia whilst suffering from herpes zoster, in whom not only were the vesicles well marked, but in whom many pustules were also present. In the development of these, the cellular elements within the papillæ had increased greatly in number, infiltrating the whole thickness of the corium, as well as the subcutaneous connective tissue. The bloodvessels were dilated, and tightly packed with blood-corpuscles. The spindle-shaped cells had made their way into the rete mucosum in still greater numbers than in the vesicular stage, and had there immediately divided so as to form quite a row of roundish cells lying on the corium. More superficially, little clumps of pus-corpuscles appeared lying in the meshes of fine fibres, which last resulted from the elongation and compression of the cells of the upper and middle layers of the rete mucosum that had become somewhat hardened and had lost their nuclei. From all this it appears that the pus-cells of pustules do not, as has hitherto been supposed, proceed from the multiplication of the cells of the rete mucosum, but from the spindle-shaped cells of the connective tissue of the papillæ, which migrate to the surface, there multiply, and form collections of pus-corpuscles, traversed by fibres composed of the compressed cells of the rete mucosum, the whole being covered in by the laminated layer of tesselated and cornefied epithelium.

THE members of the venerable Medical Society of London enjoyed, on Monday last, a thoroughly congenial evening. To those among them who are proud of the Society's distinguished history in former years, the evident appearances of a rejuvenescence in its wealth and numerical strength, which were afforded by the handsome redecorations of a room that used to be as gloomy as the pit of ACHERON, and by the densely-crowded benches, were, perhaps, the least of the pleasures which they felt. Far warmer must have been the joy that glowed in the breast of many an ancient worthy when he actually heard from the lips of a modern experimental physiologist what would seem to his first enraptured perceptions a defence of the doctrines that were his own joy and pride in the heyday of his youth. It appeared to his delighted mind as if the cruel mist of modern doubt and scepticism about the efficacy of heroic treatment had rolled away. It seemed like a vision of that golden age, when the creed of the physician was simple, and the guineas of his patients were not grudged. His fancy reverted to those happy times when no vain diagnostic disquietude oppressed his soul as he bent over the prostrate form of a stertorous patient; when with stern confidence he would have stuck that patient like a pig, watched with calm trust in Providence his recovery or his death, and, in either event, would have gone upon his way, well satisfied with himself and with his art.

It is a pity that these too sanguine dreams should turn out to be hallucinations instead of genuine prognostics; yet such, we fear, will prove to be the case. The veterans of the Medical Society, in the excitement of the shock administered by their president, mistook the hints of Dr. RICHARDSON for the temptings of a medical *Lady Macbeth*, and in spirit, if not in words, exclaimed: "Is this a lancet that I see before me? Come, let me clutch thee!" They will have to calm themselves again; for they have not yet been incited to repeat such bloody deeds as were performed in the days of their youth.

In truth, the doctrine of Dr. RICHARDSON, though it goes very much further than we could follow in the direction of a revival of phlebotomy, is very different from the principles of that method which prevailed some thirty years ago. His clever discourse will, of course, be published in full, and must be studied carefully; nor can we attempt, in a short article, any critical estimate of those particular arguments by which he seeks to revive certain definite portions of the old practice, under strict limitations. For a long time we have been well convinced that a new discussion must soon arise upon the true value of phlebotomy, and that in certain carefully limited forms it would again be admitted to an honoured rank amongst the weapons of the physician; and we shall shortly return to the discussion of this subject. But of one thing we are quite certain. Scientific Europe will be little inclined to listen with respect to such arguments as were urged by several speakers, who, in the late debate, believed that they were supporting Dr. RICHARDSON's cause. The President of the Medical Society of London might well have prayed to be saved from his friends. To the mildly conservative wisdom of Dr. HARE one always listens with pleasure and advantage; but after Dr. HARE the deluge was literally let loose, and arguments which would have suited the pre-Harveian ages were used by several speakers. We are not going to take the trouble to dissect these arguments in detail, but we cannot help adverting to one. What shall be said of a discussion in which one of the most respected orators upheld the amazing doctrine, that in many diseases *part of the blood is pure and part impure, and that by venesection we can abstract the bad, and leave the good behind.* This statement was deliberately made in the rooms of the Medical Society of London in the year of grace 1868!

In the name of common sense and sound science we protest against this kind of thing. If we are again, as assuredly we ought, to discuss the question of phlebotomy, let it be done by those men who know, and in that way which alone is consistent with, the principles of modern scientific investigation. No logician who listened to the debate of Monday could have failed to perceive that but few of the speakers were competent to frame a syllogism applicable to the question at issue. And no man who follows the progress of modern physiology could help seeing that the majority of the debaters were most imperfectly acquainted with the true relations of the blood to nutrition, whether in health or as perverted in disease. From Dr. RICHARDSON, though we cannot always agree with him, we hope for useful light. But from the vague assertions and the extraordinary assumptions of most of the speakers on Monday we can look for nothing but confusion.

THE homœopaths dearly like a little martyrdom, and they have had it in its easiest form. The devotees in this country have enjoyed all the pleasure and advantage of having it circulated that their brethren in Russia were being punished for their principles by the Emperor of all the Russias. In our simplicity, we merely copied a statement to this effect from

another paper, but upon our poor selves has come—with more ingenuity than ingenuousness—the full weight of the howl of contradiction which has been evoked by the circulation of the paragraph. It is not true that the Emperor has determined to fine or send to Siberia the globulists. We are delighted to hear it. Such a treatment of homœopathy would not have heightened our opinion either of its absurdity or of the wisdom of the Emperor. The proper treatment of homœopathy is simple contempt. This is the treatment which it now receives at the hands of all scientific medical men, and which it is receiving at the hands of the public as they come to know more of physiology and of the nature of disease and of the way in which its cure is brought about. Our readers must have noticed how seldom we even mention homœopathy. Anything more utterly contemptible, or anything more at variance with common sense and medical science, cannot be invented by the credulity of man. We mean, and always mean, by homœopathy, the system of HAHNEMANN. We know that, quietly, but very extensively, this system is being departed from. The smell of gold, for example, as the best cure for acute inflammation of the lungs! This was HAHNEMANN'S most advanced idea. But it is not produced now. Homœopathic practice is being sensibly approximated to ordinary practice. We should be sorry to see the slightest limitation of the liberty of homœopaths anywhere. But until they make a clean breast of the absurdities of HAHNEMANN, they must forgive us for declining any recognition of them or their philosophy. They have placed themselves in opposition to all that is sensible and true, and when they come to see this they will be fit for reception into the fraternity of science. Till then, it is due to their great peculiarities that we leave them alone in their own glory.

Medical Annotations.

"Ne quid nimis."

ARMY MEDICAL DEPARTMENT.

WE may call attention to a letter from "A Combatant Officer" in another column. The Army Medical Department has decidedly improved. A larger number and a better class of candidates appeared at the last competitive examination than has been the case for some time; but we want to see the service placed on such a footing as to attract a large number of good men at *every* examination. We insert our correspondent's letter because from his service and position he must possess knowledge sufficient to form an opinion. We have every reason to believe that he gives it in the interest of the medical service, and it must be judged accordingly. A sword is, perhaps, of almost as little use to the strictly combatant as to the medical officer, and we presume it is worn to mark the rank of an officer just as it was once worn to distinguish a gentleman. The dress of the medical officer is capable of being improved, and made more simple. The cocked hat and black belt are, we think, equally ugly and useless. We certainly agree with our correspondent that our present military hospital administration requires revision, for the sake of the soldier, hospital economy, and the medical service. The hospital administration ought to belong to the medical officer, and he ought to be supreme in it, in the same way and for the same reason that the commanding officer is supreme on parade. Military governors, captains of orderlies, and the rest, add to the expense, increase the circumlocution, and diminish rather than otherwise the chances of successful administration.

The division of duties between military and medical officers does not in any way tend to diminish the number employed in either branch. The staff of medical officers retained for the treatment of the sick could administer the hospital; but the military officials cannot discharge both duties.

We regard it as a great mistake that medical officers of the upper ranks should discharge administrative duties only, and that all the prizes should be awarded to successful—meaning economical—administrators, while none are given for scientific attainments or professional skill. In every department like that of the Army Medical, there will be men with different capacities and tastes, and the test of an efficient working is to be found in the way in which such men are encouraged to cultivate their respective attributes for the benefit of themselves and the service to which they belong. By late regulations, medical officers are disqualified from sitting as members of mixed boards. We do not say whether the rule is a good or a bad one. A clear-headed man will probably be able to influence a board by his evidence or opinion as a witness as much as if he were one of the members, and the arrangement gets rid of the difficulty of a doctor having to sit under the presidency of a junior combatant officer. The president of a military board is supposed to be vested with military command, a power which it would not square with the Horse Guards' theory of discipline to give to a doctor. But there is surely something supremely ridiculous in having a garrison sanitary committee composed exclusively of combatant officers, who are to inspect and report on the sanitary defects and requirements of the garrison hospital, while the principal medical officer may be sitting in his office within the building; yet such, we have been told, is the case.

TREATMENT OF THE APPARENTLY DROWNED.

OUR attention has been drawn to this important subject coincidently by two communications which have reached us. One of these, which will be found elsewhere in our present number, is a paper by Dr. Ellis, of Newcastle-upon-Tyne, on the Marshall Hall method of artificial respiration, which, with some modifications, such as are suggested by Dr. Ellis, appears to us still the most valuable method. The other communication is the "Journal of the National Life-boat Institution," which contains an article on the treatment of the apparently drowned, with particulars of two important recent cases in which the success of treatment was very remarkable. Dr. Ellis's name has been long known in connexion with this subject, and his paper will be read with much interest. The great object of it is to give directions for the practice of the Marshall Hall Method in very plain and concise words, which can be understood by the most uneducated persons. He has reduced these directions to a formula of seven sentences, which, printed in large letters, with such a pictorial illustration as may be seen in the "Journal of the National Life-boat Institution," should be hung up in every waterside house.

There is one most important point, in regard to which both Dr. Ellis and the writer of the article in the Life-boat Journal are agreed—viz., the propriety of continuing attempts at restoration to life by the Ready Method for a much longer time than has generally been followed. The two cases detailed in the Journal are almost incredibly wonderful. In one the length of time of immersion was not known, but the time from rescue to the first sign of life was one hour and a half. In the other the length of immersion was, or rather is said to have been, twenty-five minutes, and the time which elapsed from rescue to the first sign of life was forty minutes. We cannot, of course, answer for the accuracy of these statements. One point is very much insisted on in the "Journal of the National Life-boat Institution,"—the importance of steps to promote the discharge of the water which has been swallowed during immersion. This water might obviously be in such quantity as to hinder the free descent of the diaphragm and action of the

lungs. Moreover, water enters the lungs in drowning persons, and the discharge of this is favoured by the same means that tend to empty the stomach. In one case (Dr. Trollope's) recorded in the Life-boat Journal for 1865, Dr. Silvester's system was found utterly futile until the patient was placed in the prone position, and so relieved of the large quantity of water which had been swallowed. This end is secured by the Marshall Hall Method, especially as perfected in Dr. Ellis's formula.

We commend to the serious attention of all medical men the suggestion of Dr. Ellis as to the propriety of some worthy memento of the name and labours of Dr. Marshall Hall. Whether we regard his services from a scientific point of view, or from a humane one, they should be had in remembrance. Their brilliancy is only exceeded by their utility. Such labours should especially be remembered in the schools, and we trust that the suggestion of a Marshall Hall Scholarship has only to be made to be realised.

THE HEALTH OF THE NAVY.

The Times devoted a leading article last week to the consideration of the health of the Navy, and ably epitomised the principal facts connected with the annual report upon that subject. We are glad to find public attention thus directed to this important matter, more particularly in its bearing upon the modern form of man-of-war. "Comparing," says *The Times*, "ironclads with wooden vessels on the same stations, we find that one class has the advantage at home, and the other in the Mediterranean. There is another point, too, which is of considerable importance, but which still remains in obscurity. What an ironclad is to a line-of-battle ship a turret vessel is to an ironclad; but what is the ratio of invaliding for a turret vessel? Is it yet known what effect is produced on the health of the crew by structural conditions of so exceptional a kind?"

We believe it is not yet known; and the case of the *Wyvern*, quoted in the report, is quite useless for purposes of comparison, since she is of only 1899 tons, whilst the *Minotaur*, the armour-plated flag-ship of the Channel squadron, is of 6621 tons. When the *Captain*, a turret-ship of 4272 tons, now building by Messrs. Laird, has been in commission some months, it may then be possible to institute a comparison between the two classes of vessels.

The following paragraph from the article we have referred to, is unfortunately too easily explained by those who have had best experience of seaports and seamen:—"Indeed, we should remark that strange conditions appear to influence the health of seamen. For instance, there is uniformly sickness, we are told, of a trifling kind, on board a vessel newly commissioned, and, in fact, the difference in the returns of the ironclads from the home and the Mediterranean stations is ascribed, without hesitation, to the simple fact that the Mediterranean Fleet was joined during the year by two ships fresh from home."

Although the Contagious Diseases Act is in force at our naval seaports, it is still so inefficiently worked that a ship fresh from port always carries a large number of recent cases of venereal disease to sea with her, the men not caring very often to disclose their disorders when on the point of sailing, for fear of being sent to hospital on shore, and so transferred to another ship. The necessity for preventing the infection of the crew by venereal disease is really at the bottom of many of the naval arrangements which seem absurd and tyrannical to the uninitiated public. It appears at first sight hard to keep a ship out in a roadstead like Spithead, when they might be as—or more—advantageously in harbour; but the captain and his superiors know by long experience that to give the ship's crew great facilities for going ashore means a considerable addition to the sick-list, and they naturally try to avoid reducing the complement of able seamen.

In discussing the influence of climate and epidemics, we are glad to find credit given "to the prudence of commanding officers, and the skill of medical officers, in averting the spread of disease." May we venture to suggest that the skill thus honourably mentioned, and the self-devotion in times of sickness, to which we have had so frequently to call attention, merit some better acknowledgment than that recently given to the whole naval medical profession in the person of Dr. Stirling?

FRIENDLY SOCIETIES AND THEIR SURGEONS.

IT is now some twelve months since the Friendly Societies Committee began their work in Birmingham, and, as might be expected, the good effects of the movement are beginning to be felt, although much still remains to be accomplished, both by the Committee and the surgeons. On glancing at the present position of affairs, we find some of the societies are still firm in their opposition, and only a few days since a number of them combined to form an Association to resist the demands of their medical officers. The Order of United Brothers, in organising this opposition, published a manifesto, in which they characterised the 5*s.* rate as "extravagant, unreasonable, and impracticable," and stated their resolve to establish a dispensary for the associated lodges rather than advance the rate of remuneration. On the other hand, some societies in Birmingham have considerably increased their payments, and a few have accepted the rate of the Committee. Even the Cannon-street Club, which obtained such notoriety at the commencement of the movement, has offered its medical officers 3*s.* 6*d.* instead of the former 2*s.* 6*d.*; and another of the largest societies in Birmingham has increased its payment to 4*s.* per head per annum.

In Birmingham, generally speaking, the effects of the movement are beginning to be felt in the gradually increasing payments of the clubs. In some instances an increase has been voluntarily offered, and we believe an application would induce many of the societies to adopt the same course. As the Friendly Societies Committee have not fixed a time when the 5*s.* rate should become general in the distict, but have limited its immediate application to new appointments, the surgeons have only, we believe, in many cases to ask in order to receive a more adequate return for their services. This policy on the part of the Committee is a wise one, for it will occasion no sudden strain on the resources of any society, but will gradually, almost insensibly, raise the rate of payment throughout the district.

POOR-LAW MIDWIFERY AT WORCESTER.

ONE of the best illustrations of the incurably vicious working of our present local administration of relief to the sick poor is afforded by an incident reported in the *Worcestershire Advertiser* of the 17th inst. It appears that the Worcester Board of Guardians not only entrust the ordinary parochial midwifery entirely to midwives, but that they place every obstacle in the way of these unfortunate officials when they require skilled help in cases of difficulty. At the meeting of the Board which is reported in the journal from which we derive our information the plainest indication of this feeling and intention on the part of the guardians was given. Certain unlucky midwives, who had been so extravagant as to call in the doctors to help them, in what they doubtless considered to be a mortal strait, were closely cross-examined; and of five cases, in each of which a fee of £2 had been charged for the surgeon's attendance, in three the charge was altogether disallowed, while in the other two the magnificent sum of 30*s.*, or 15*s.* per case, was considered sufficient.

It is not difficult to understand what effect such very practical hints from their employers must produce on the minds of the parish midwives of Worcester. Naturally, it must seem to them quite a secondary matter that paupers

should lie in helpless and unrelieved agony for days, because they are themselves too ignorant to deliver them. The one great object must be to stave off, and if possible altogether avoid, the necessity for incurring the terrible expense of a medical consultation, and the danger of a consequent bullying, if nothing worse, from the guardians. It happened, by a singular coincidence, that the very day on which the predominant party among the guardians had exercised their vested rights of petty and selfish tyranny in the manner above described had been selected by one of the Board, who seems to possess some of the unfashionable virtues of Christianity, as the occasion on which to expose the cruel working of their system. This gentleman, Mr. Bozward, gave a clear and very painful narrative of a poor young woman who had been allowed to remain in the agony of labour from Monday till the following Saturday before the midwife (who on her own responsibility had vainly given ergot) would call in medical assistance. Ultimately a surgeon was called in, and delivery effected, but, as it would seem, not without much difficulty and laceration; plainly showing that the case was one in which a midwife who knew, and dared to act up to, her duty, should have had skilled assistance from a very early stage. This specimen of miserable Poor-law bungling and inefficiency would not be complete without the final scene. The midwife, when examined by the Board as to the circumstances of the case, flew, in her vulgar terror, to the safe resource of throwing the blame on the medical man whom she had at last called in; and when Mr. Bozward objected to this undeserved attack upon an absent man, his colleagues raised a row, and "a few personalities, in which this Board occasionally indulges"—so the reporter euphemistically describes them—were flung at his head.

CHOLERA AND AIR CURRENTS.

THE Report of the Central Provinces of India—the seventh of the series,—compiled by Mr. Morris, the officiating Commissioner, on the plan originally laid down by Sir R. Temple, is by all accounts a very able document. It contains an admirable minute by Mr. George Campbell, on Cholera in relation to Air Currents, the perusal of which we await with curiosity. The subject which has served for Mr. Campbell's minute is one which well deserves to be carefully worked out. Whatever be the view assumed as to the causation of epidemic diseases, there can be little doubt that their epidemic prevalence is often preceded or accompanied by some meteorological condition or other widespread influence favourable to their development. By some it has been supposed that variations in the electrical state of the atmosphere play an important part, and one which has not yet been sufficiently investigated, particularly in India, where such disturbances are both frequent and well marked. It is pretty well known that the electrical state of the upper strata of air differs from that of the lower, and this is capable of being shown by a very pretty experiment—namely, by the effect on an electrometer when an arrow is shot vertically upwards carrying with it from the instrument a moistened string, which becomes detached as soon as the arrow has attained a certain height—an effect which is not produced by shooting the arrow in a horizontal direction. The observation and registration of electrical changes in the air is, however, a very delicate and therefore difficult affair, requiring special instruments and training. We are told by an expert on this subject that several observations have from time to time been made on the electrical changes of the atmosphere in connexion with the prevalence of different diseases, but that the results have not been substantiated by subsequent observations. It strikes us that what is required in any investigation into the origin and spread of cholera lies principally in the direction opened out by Dr. Burdon-Sanderson's experiments, which should be repeated on a larger scale and with modifications. If cholera excreta indubitably possess the property of propagating the disease when artificially introduced into the bodies of healthy animals, the habits of the natives of India, the wind storms, and other peculiarities of that climate, will help us to understand why cholera is endemic in Lower Bengal, and liable to occur there and elsewhere occasionally with epidemic violence.

MOVABLE FEVER HOSPITALS.

THE *Express* of the 16th inst. contains an admirable suggestion by Mr. Napper, of Cranley, for dealing with the outbreaks of contagious diseases which occasionally ravage the most healthy districts. At present such patients can only be sent to the county hospital or to the workhouse when it happens that a separate building has been erected for their reception. Permanent hospitals or contagious wards in many healthy districts often fall into decay, so rarely are they used. Moreover, they are utterly inadequate when an epidemic comes, and, as at Guildford, the authorities find it all but impossible to provide the means for segregation. Mr. Napper proposes to establish movable iron hospitals, so constructed as to take easily to pieces, and to be packed in vans. When required, they can be dispatched to the infected town or village at a moment's notice, and there set up. Temporary sites, often near the workhouse or county hospital, could be found without difficulty. The whole expense, together with the staff required, would be readily met by the public authorities, under the latest powers of the Sanitary Act, or by public subscription, as the case might be. We cordially endorse the hope that this most valuable suggestion will attract the attention of the Board of Health. We commend it, also, to guardians and the Poor-law Board, since nothing would be easier than for the guardians of an extensive district to unite in the purchase of such an hospital, in order to obviate the absurdity of building one in each union, which may rarely if ever be required.

MEDICAL HONOURS.

THE profession in Dublin, not unnaturally perhaps, is inclined to think that in the distribution of titular honours to medicine it has come off but second best, Sir Dominic Corrigan being the only medical baronet, and there being none on the surgical side. With fond regret our brethren look back to the days of Sir Henry Marsh and Sir Philip Crampton, and whilst regarding Sir Dominic as the legitimate successor of Marsh, ask in vain for Crampton's successor, though he died first. But there is another grievance which vexes the Dublin surgeons, and it is that the appointment of surgeon extraordinary to the Queen in Ireland, vacated by the death of Mr. O'Beirne in 1862, has never been filled up. Her Majesty unfortunately is not able to visit Ireland, but it was hoped that the visit of the Prince and Princess of Wales would have led to some appointment, or even to the conferring of some honours; and had the choice of the Court fallen upon Mr. Butcher as successor to Sir Philip Crampton, and upon Mr. Porter, the President of the College of Surgeons, to succeed Mr. O'Beirne, we believe great satisfaction would have been given in Dublin.

EDINBURGH UNIVERSITY.

THE election for the Chancellorship of Edinburgh University takes place on the 30th inst. At a meeting of the University Council on that day the candidates will be proposed and a vote taken. A poll will be demanded, and the voting will be by voting papers, one of which will be issued to every member of the Council on the roll. The constituency of Edinburgh University will be above three thousand. We have reason to believe that the numbers pledged for Mr. Gladstone are so nearly one-half as, with signs of hopelessness on the other side, to give every prospect of success. Still every friend of the University who means to support Mr. Gladstone should do so

without fail. The great argument of the friends of the Lord Justice-General is his supposed claims on the ground of being the author of the Universities Act. It is well known that nearly all that was good in that Act was prepared by others, and amongst these by Mr. Moncreiff. There has seldom been a simpler or clearer issue raised for a constituency than to choose between Mr. Gladstone and the Lord Justice-General.

CARBOZOTIC OR PICRIC ACID IN BITTER BEER.

IN a recent number we referred to the statement, which was going the round of the press, that strychnine was being employed for the purpose of imparting bitterness to the popular beverage called bitter beer; and while pointing out the dangers of such a deadly cumulative poison, we expressed our disbelief in the alleged use of this alkaloid for the purpose stated. A correspondent has since brought under our notice the statement that carbozotic or picric acid is employed to adulterate beer, and impart to it the peculiar bitterness which should be derived alone from the lupuline of the hop. It was but the other day that evidence was obtained, not merely of the employment of this acid for dyeing stockings, but of its injurious effects when used for that purpose; and now we are told to look to our favourite bitter beer for this same substance. We sincerely trust, however, that this report is as destitute of any real foundation as we believe that to have been regarding the addition of strychnine to beer, for its employment would be scarcely less injurious and pernicious than that of strychnine. The impure acid made from indigo kills rabbits and dogs.

OUR SOLDIERS AT SEA.

IT would appear that soldiers no less than sailors at sea have ration grievances, and those by no means chimerical. The fresh meat supplied to certain outward-bound troops on board the ship *Clara*, at Gravesend some ten days ago, was rejected three times successively by the inspecting officers as unfit for food, and the requisite quantity was eventually obtained from butchers in the town. Those artillerymen who will claim the *Clara* as their home for the next four or five months are therefore tolerably safe as to quality of provisions during the first forty-eight hours of the outward passage. But how about the future? Are the other stores furnished by Government from Government depôts, or is the ship provisioned by contract? And if the latter be the case, what material guarantee exists that the pork is not measly, that the biscuit is not besieged by weavles, and that the lime-juice is not a mixture of sulphuric acid and some equally useless abomination. The occurrence above recorded should stimulate the vigilance of Government inspectors of transports, for it is in this way the sanitary status of the men in our combatant services is weakened, and, by consequence, the efficiency of those services impaired.

UNIVERSITY OF ABERDEEN.

AT a meeting of the General Court of the University of Aberdeen, held on the 14th inst., Dr. Kilgour was elected to the office of assessor for the ensuing year. Prof. M'Pherson observed that there was great propriety in putting Dr. Kilgour forward, as the University Court contains no medical man at all, and he thought it very unfortunate that the important Faculty of Medicine should have no representative. Mr. Humphrey hoped Dr. Kilgour still retained the feelings which he formerly held as to throwing open the meetings of the Court to the representatives of the press; and, in expressing his thanks to the Court after his election, Dr. Kilgour said:—

"I still retain the views I formerly held in regard to opening, under proper and well understood restrictions, the University Court to reporters of the public press. With all courts of law, with church courts of every denomination and persuasion, with all civic corporations and hospital corporations and charities, and, in fact, every representative body open to the press,—I could never see a shadow of reason for closing the doors of a University Court against them. And it is the more necessary now that the proceedings of the Court should be open, seeing that there are so many members of the University, and spread over the length and breadth of the country, who might expect to know, and who are entitled to know, our reasons for the decisions we arrive at through the ordinary channel of newspapers. If I see my way to a harmonious co-operation in this matter, I shall not fail to bring it forward, and, in doing so, I think that I shall only be adopting your views. But, perhaps, I am speaking and demanding what is already an accomplished fact. For you have all read, I have no doubt, in the newspapers this week, the report of a very able and well-considered speech, which was made in presence of the Court. I am very doubtful, however, whether there were two or three reporters sitting taking notes of that speech. I rather suspect that it had been handed in in well-written MS. by the speaker himself. I think, however, the demands of the Council in this matter are more likely to be realised. Edinburgh University is succumbing—at least a very fine distinction is to be made, and the Court is to be open to the press when registration appeals are to be heard and decided upon."

REPRESENTATION OF THE UNIVERSITIES OF EDINBURGH AND ST. ANDREWS.

MATTERS are at length assuming a simpler and more satisfactory aspect. It is announced authoritatively that Dr. Richardson has retired from the contest, his committee "having come to the conclusion that Dr. Richardson's return cannot on this occasion be secured." We greatly regret that the candidature of this gentleman was ever commenced at all. His professional attainments are so high, and his special abilities of so useful an order, that he would, as we have before observed, acquire a large modicum of support from those who particularly desire to be represented by a medical man. But the ground was occupied long before any thought or design as to Dr. Richardson's candidature existed; and occupied, too, by a man who, if returned, will support worthily and well the united views and opinions of medical graduates on all vital questions appertaining to their profession. We cannot but reflect, therefore, that the friends of Dr. Richardson would have best consulted the interests of the profession and the prestige of their candidate by gleaning more exact data as to the probabilities of success than they appear to have done. We trust that the retirement of Dr. Prosser James will be shortly announced; for, as it is perfectly well known that he has no hope whatever of success, the only result of the continued candidature of this gentleman will be to weaken the position of the candidate who has now secured the support and confidence of a majority of our own profession in both Universities. We are able to state authoritatively that Professor Playfair has during the past few days received a large accession of support, and we cannot doubt that the retirement of Dr. Richardson will cause many of those who have hitherto supported the latter gentleman to record their votes in favour of the scientific candidate.

COURT APPOINTMENTS.

THE recent appointment of Dr. Oscar Clayton as *extra* Surgeon in Ordinary to the Prince of Wales is still exciting much attention both in medical and non-professional circles. Surprise in the latter, and a somewhat stronger feeling in the former, are predominant sentiments, but both parties have failed to gain any information which might throw a light upon the subject. Perhaps the gentleman most nearly interested might vouchsafe, at least to his professional brethren, some slight clue which might set at rest those *canards* which cannot be gratifying to his self-esteem? We would be the last to presume to tie royalty down to the advice of its own immediate medical attendants, and the instance of Mr. Brodie being called in to assist Sir Astley Cooper to operate on King George IV., to say nothing of more recent events, shows that the public and the profession have always accorded that liberty of choice which

every one else possesses in the selection of a medical attendant. It is another matter, however, when a gentleman from quite a different branch of the profession is selected for honours coveted by our leading men. What would have been said if Sir Charles Locock had been made Serjeant-Surgeon, or if an eminent solicitor, who had been useful and complying, were suddenly to be made Attorney-General? The old saw, "Est modus in rebus" cannot be safely disregarded even by the Lord Chamberlain's department.

BIRMINGHAM GENERAL HOSPITAL.

DR. EVANS, the senior physician, and Mr. Crompton, the senior surgeon of the Birmingham General Hospital, have resigned their posts; the former after thirty-three, the latter after twenty-five years of most valuable services. We understand that Dr. B. Foster is a candidate for the physiciancy, and will probably be unopposed. It is unnecessary to say that he fully deserves, by his position and attainments, the confidence of the governors. For the surgical vacancy, Mr. C. J. Bracey and Mr. Goodall were in the field, but we believe the former gentleman has retired. The present is the first election in which voting papers will be used, and, consequently, much cruel expense will be saved the candidates.

HAMPSTEAD FEVER HOSPITAL.

IN reference to the designs for the proposed Fever Hospital at Hampstead, now before the Metropolis Asylum Board, the *Builder* does not seem to be thoroughly satisfied with either of the plans exhibited. Our contemporary very justly observes that many things will have to be considered by the Board before erecting, and in the course of erecting, such an establishment as is proposed,—the home of small-pox, typhus, and scarlet fever. The *Builder* strenuously urges that a small mixed committee of architects and medical men should be called in to assist the board, not merely in selecting the best design from those submitted, but in rendering that design as free from objection as possible, compatible with present knowledge. We entirely coincide with this advice, which has the merit of being given in good time. Errors of construction are, when not irremediable, always hard of amendment, and reconstruction is a very costly process.

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE hope that there will be a very full gathering at the quarterly meeting of this now very important Society at the Freemasons' Tavern at 5 P.M. on Tuesday, the 27th, and at the annual dinner which is to follow it. The vigorous management which has guided the Society has succeeded in placing it in a most creditable position, for it now numbers more than 600 members, and its ranks are constantly swelling. Arrangements have been made by which a very meritorious journal, the *Poor-law Chronicle*, which, among other attacks upon flagrant abuses of Poor-law administration, has steadily and consistently exposed the injustices dealt out to parochial surgeons, shall be circulated at a trifling cost among the members, who will thus be kept informed of the latest official manœuvres on the part of the red-tapists, and the last-devised measures of resistance on the part of the unfortunate medical officers whom they are constantly endeavouring to victimise.

MEDICAL SALARIES AT GUILDFORD.

AT the last meeting of the Guildford guardians, an application was made by Messrs. Taylor and Schollick for an advance of salary, on the ground that their duties have been largely increased by the three epidemics which have occurred within the last five years. The opening of the County Hospital had also made a great reduction of the surgical fees. Mr. Taunton, a guardian, thought that both gentlemen were most inadequately paid, and gave notice that he should move at the next meeting that their salaries be increased by £40.

HEALTH OFFICERS' ASSOCIATION.

THE Metropolitan Association of Medical Officers of Health held their first meeting of the session 1868–9, on Saturday evening last, at the Scottish Corporation Hall, Crane-court, Fleet-street. The president, Dr. R. Druitt, delivered a very able address "On the Influence of certain Customs, Habits, and Prejudices on Health," in which he touched upon a variety of subjects in medical and sanitary science, as affecting the duties and responsibilities of a medical officer of health. Dr. Druitt's purpose evidently was to induce the health officers to take a more comprehensive view of their functions than is prescribed within the verbal limits of Acts of Parliament. We hope to find space next week for a further notice of this address, a proof of which has been courteously forwarded to us.

The public is so greatly indebted to the medical officers of health for the sanitary supervision which has done so much to mitigate, if not to extirpate, disease in localities formerly celebrated for unhealthiness, that we desire to get the fullest benefit which so useful an organisation is capable of supplying; and therefore we would urge that some steps should be taken to secure co-ordination in regard to the reports which each health officer prepares periodically for his district. At present there is no uniformity whatever in these reports; they are all drawn up independently, and published (if at all) at all sorts of times. Some of the reports for 1867 have not yet made their appearance, while others were issued months ago. Why does not the Association take this matter in hand, and agree upon some plan of publication which shall secure uniformity both as to the nature of the reports, and their date of issue?

COTTAGE HOSPITALS.

THE "cottage hospitals" of England seem worthy of even heartier celebration than that accorded by Mrs. Hemans to the "cottage homes." In nearly every department of medical practice the so-called "cottage system" has proved a welcome addition to therapeutics. In medico-psychology the treatment pursued at Gheel, where the insane are distributed in cottages, and allowed to pursue avocations appropriate to their malady without observation and without restraint, has proved a model for imitation all the world over. At the East-end, at Brighton, and at Harrogate and Ilkley, in Yorkshire, the cottage system has been so far adopted as to provide a "convalescent home" for those pauper members of the community who, having surmounted the crisis of their ailment, are in want of the means of promoting and confirming their recovery. The movement, encouraged on a large scale by Mrs. Gladstone at Snaresbrook, is being attempted in various quarters of the kingdom; and Scotland, we believe, has not been slow to supplement the treatment provided in institutions like the Edinburgh Infirmary by such houses for convalescents as that established in suburban Corstorphine. It is true that the "cottage," properly so called, has not, in every case, been the architectural model of all the convalescent homes founded near our great cities; but the principle common to all, that of providing the pauper convalescent with rural air, or change of scene from the site of the hospital, is the distinguishing feature of all the institutions, whether at Gheel in Belgium, at Snaresbrook, in the East-end, or at Corstorphine near Edinburgh. The latest addition to this new adjunct of therapeutics is proposed at Cambridge, where a "cottage hospital" to relieve Addenbrooke's Hospital has long been required. It has already received the countenance and support of the Duke of Rutland and Lord George Manners, the former of whom has munificently granted a site for the building. We wish all success,

and we invite all encouragement to the undertaking, confident that the institution will have an importance and a use not local merely, but extending to other quarters of the kingdom, where the value of such institutions has yet to be realised.

SCARLATINA IN LONDON.

THE course of this disease shows plainly enough that it is now epidemic within the metropolitan district. During the last six weeks the fatal cases have numbered successively 57, 74, 101, 99, 109, and lastly 124 per week. The distribution of the disease has evidently undergone considerable modification; localities where, in the week ending Oct. 10th, its fatality was the lightest, having, in the week ending last Saturday, experienced a greatly increased mortality. Comparing the deaths from scarlatina in the last two weeks, in the five groups of metropolitan districts, with their respective population, the following ratios of *annual* deaths to 10,000 living are deduced:—

	Week ending Oct. 10th.	Oct. 17th.
West districts	26·6 ...	24·7
North ,, ...	18·4 ...	11·8
Central ,, ...	29·6 ...	28·1
East ,, ...	12·6 ...	21·9
South ,, ...	12·5 ...	21·7

The heavy mortality from the disease in the Central group (comprising the St. Giles, Strand, Holborn, Clerkenwell, East London, West London, and the City districts), as well as in the more open and wealthy Western districts, deserves to be carefully noted as an element in the study of its causes and means of limitation.

INCONSISTENCY AT THE POOR-LAW BOARD.

AT the St. Pancras Board of Guardians a letter from the Poor-law Board was read calling attention to the fact that the medical officer appointed to the schools at Leytonstone resided at a distance of a mile and a half away from the school. The answer given by the guardians was that the appointment of the same gentleman as medical officer of the Plashet schools, more than three miles from his residence, had already been sanctioned by the Poor-law Board.

DR. LIVINGSTONE.

THE doubts so long entertained as to the safety of this illustrious traveller are to a great extent set at rest by the news lately received from Dr. Kirk, who writes from Zanzibar under date of the 30th of August last, to inform Sir Roderick Murchison that he had received through an Arab messenger short letters from Dr. Livingstone, written at Marungu and Cazembe as recently as December last, reporting "all well." Living with friendly Arabs, and waiting for the close of a native war that he might proceed unmolested, Livingstone has indicated the line he intended to take on his return to Zanzibar; and as messengers with provisions, medicines, and letters had been dispatched to meet him on his way, Sir Roderick Murchison thinks it possible the next intelligence we receive of him may be brought by himself before Christmas arrives. Of the "hearty welcome" which awaits the intrepid explorer when he is restored to us, the interest manifested by all classes in his safety gives abundant promise.

WE learn that the Council of the Medical Teachers' Association have drafted and settled a report upon the medical curriculum, and the alterations to be recommended in it, which will be circulated among the members of the Association prior to the first general meeting.

THE Registrar-General's weekly returns for the week ending Saturday last record the fact that only two deaths from small-pox occurred in the whole metropolis during the week.

THE Radcliffe Librarian at Oxford gives notice that, by direction of the trustees, demonstrations in Histology will be given weekly during the present term in the Library of the Museum, by Professor Lionel Beale, F.R.S. The subject of the course will be "The Anatomical Element or Cell," including its origin, formation, structure, and the changes which it undergoes in disease. The demonstrations will be illustrated by specimens shown under the highest powers of the microscope, and by diagrams.

PROFESSOR BOND, M.D., Regius Professor of Medicine at Cambridge, Dr. Robert Liveing, of the Middlesex Hospital, and Arthur Ransom, Esq., M.B., of Manchester, have been appointed examiners for the 2nd M.B. Examination at Cambridge. There is, we understand, a large entry of undergraduates at Cambridge this year, and a considerable number of medical students admitted, including the sons of some of the leading members of the profession.

THE Board of Trinity College, Dublin, have just received the patent appointing a Regius Professor of Surgery to the University. In the patent, the present University Professor of Surgery, Mr. Robert Adams, Surgeon in Ordinary to her Majesty in Ireland, has been nominated the first Regius Professor of Surgery. The surgical profession in Ireland has reason to feel pleased that this well-merited recognition of its status, too long deferred, has been at last yielded; and must, in addition, feel gratified that so very great an ornament of their profession, thrice president of this College, has received the first nomination under this patent.

WE have received a copy of an important "Memorandum on Measures adopted for Sanitary Improvements in India up to the end of 1867; together with Abstracts of the Sanitary Reports hitherto forwarded from Bengal, Madras, and Bombay," printed by order of the Secretary of State for India. We must defer any remarks on this publication for the present; but we may in the meantime call attention to Dr. Goodeve's Sketch of Sanitary Progress in the Bengal Presidency previous to 1864, in which he refers to the subject of the drainage of our Indian barracks and hospitals, and points out the superiority of the dry-earth conservancy over other systems as regards India. It will be remembered that a lady of high authority on all subjects connected with military hygiene had expressed surprise at the absence of ordinary sewerage and drainage of these buildings in that country.

HAVING carefully read the interesting and suggestive address delivered by Dr. Rumsey at the Social Science Association, we would particularly advise a perusal of it by all who wish to think methodically and comprehensively of the great problem of public health. Its length precludes our publication of it, but we have reason to believe that an accurate and reliable form of it will soon be obtainable. It is more and more apparent that the public health will be one of the chief subjects of a broader and wiser legislation, and that a special and complete department, including a special Minister of Health, will not be in excess of the great importance of the interests involved.

WE are glad to perceive, by the *Bombay Gazette* of the 18th September, that the native gentry and inhabitants of Mhow and its vicinity have shown that they recognise the value of our profession when it is practised with skill and kindness. Assistant-Surgeon O'Brien, of the R.H. Artillery, on leaving the station was presented with a silver tea service and an address by a number of Parsee residents at Mhow, as a token of their gratitude for the ability and kindness which he had manifested during his four years' residence at the station. The presentation and address were conveyed to Mr. O'Brien by Deputy Inspector-General Dr. Murphy.

THE Poor-law Board have written a letter to the Holborn guardians in reference to the erection of an infirmary for the sick, which has been by no means agreeably received. One of the guardians stated that the Poor-law Board had thought proper to misunderstand them, and that they were prepared to erect a building which should be altogether distinct from the workhouse. He felt inclined to tender his resignation. Another guardian stated that he would not stand alone. It was eventually moved and unanimously resolved to appoint a committee of the whole board to reconsider the entire question, and obtain a site. Meanwhile the Poor-law Board, having regard to all the circumstances, do not feel themselves justified in postponing their decision any longer, and will accordingly proceed to issue an order for forming the sick asylum district by joining Holborn with St. Luke's.

THE Hunterian Society will meet on the 28th inst, at 8 P.M., when Mr. Maunder will relate a case of colotomy in vesico-intestinal fistula, and also a case of fracture of the upper third of the femur. Dr. Peacock will make some observations on some of the hospitals of northern Europe.

IT is said that a well-known surgeon of Stoke Newington, of ritualistic opinions, has been appointed provost of a new religious confraternity, "the Brotherhood of St. Luke," to be confined to members and students of the medical profession. We have a contempt for mere ritualism, but anything in the direction of apt organisation for earnest work must have a trial. And for the protection of charity, and the proper use of it in fit cases, we can conceive nothing better than the importation of a medical element into it. Let us hope that this element will secure wisdom and manliness of administration, and not allow religion to degenerate into mere proselytism and ecclesiasticism. It is not the High Church party alone that feels the need of a more thorough organisation of its strength and wisdom for operating on the sick poverty of the world. The same need found expression at the recent meeting of the Congregational Union in Leeds, in an able paper on Lay Agency by Mr. H. Spicer, jun., of Highbury.

AT a meeting of the Committee for the return of Dr. B. W. Richardson as M.P. for the Universities of Edinburgh and St. Andrews, held on Thursday, October 15th, the following resolution was carried unanimously:—

"The Committee, having come to the conclusion that Dr. Richardson's return cannot on this occasion be secured, recommends, with Dr. Richardson's concurrence, his retirement from the present contest."

WE are glad to observe a disposition to enforce, in London, the law for abating the smoke nuisance. Two or three convictions have lately taken place in police courts, which may have a deterrent effect on other transgressors. Having regard to the new hospital rising on the southern bank of the Thames, we venture to hope that the Lambeth manufacturers will be reminded that at present they are giving slight evidence of compliance with the enactments which require them to consume their smoke, instead of discharging it to pollute the air.

THE *Richmond and Louisville Medical Journal* (edited by E. S. Gallard, M.D.) for the present month is a more than usually interesting number. In addition to an article on the Siamese Twins, it contains a paper on Chronic Pneumonia and its relations to Tuberculosis, by J. L. Cabell, M.D.; another on the Origin of Cholera in Hindostan and its Conveyance to Europe, by Dr. Peters (illustrated by a map); also a Clinical Lecture on Paraplegia, delivered at the Philadelphia Hospital, by Prof. Stillé; and other papers.

AT the last meeting of the Boston Board of Guardians the salary of Mr. Dykes, medical officer of the district, was increased £15 per annum.

THE Secretary of State for India has notified (under date of 15th inst.) that among the packages stated to contain reserved articles from the estates of deceased officers in India, which now lie unclaimed at the India Office, are parcels so reserved from the estates of Assistant-Surgeons W. R. Babington, J. T. Donne, and Shedden, of the Madras Medical Department. Unless these packages be claimed within six months from this time, they will be opened, the contents will be disposed of by sale, and the amount realised will be credited to the estates of the deceased.

AT the recent meeting for conferring degrees of the Queen's University in Ireland, the Lord-Lieutenant expressed his gratification at the success of the University, and observed that "among other proofs thereof was the fact that since its incorporation in 1850 no less that 64 students had been received into the army and navy medical services."

IN his annual report for 1867-8, Surgeon-Major Broughton, the medical officer of the Bombay House of Correction, gives his opinion that entire reconstruction can alone render the sanitary condition of the prison satisfactory. Dr. Mouat, we remember, is constantly reiterating the same opinion as regards most of the Bengal prisons.

WE learn from Bermuda that the health of the troops is satisfactory. The 15th Regiment, which had been suffering from the prevalence of fever, was enjoying an average amount of health. We have not been informed, however, that any of the various sanitary improvements which were recommended, after the last outbreak of yellow fever, as essential to the protection of the health of the garrison and station, have been carried out.

THE health of the borough of Swansea, which last year was unprecedentedly good, has, we regret to hear, suffered of late some deterioration, caused mainly by a deficiency of water for flushing purposes, and the consequent accumulations in the sewers of the low-lying parts. Typhoid fever has been prevalent; but now that there is an ample and continuous supply of water, it may be hoped that the signs of unhealthiness will speedily disappear. Swansea is fortunate in possessing a most able and energetic medical officer of health in Mr. E. Davies.

WE are glad to see Mr. Vanderbyl, M.P., again in the field for the representation of Bridgwater. He is entitled to the active support of his professional brethren, from the fact that, in his advocacy of various measures in the House of Commons, he has not been unmindful of the interests of the profession.

THE Bristol Board of Guardians have decided upon altering the constitution of the medical districts of their union, so as to make them coincide with the relief districts. This will involve a rearrangement of the medical officers' salaries—we hope in a liberal direction.

DR. SYMES THOMPSON, Gresham Professor of Physic, will deliver two lectures at Gresham College on the 6th and 7th proximo: subjects, "On Educating the Body," and "On Training the Mind."

A LEGACY of £500 (less duty) to the Bristol Royal Infirmary has been received from the executors of the late Mrs. Frances Besley, of Stonehouse, Devon.

THE *Bombay Gazette* states that preliminary measures have been taken for the formation of a sanatorium on Tonghar hill, in the vicinity of Bassein, for the location of troops.

THE next examination of candidates for admission into the medical departments of H.M. British and Indian armies will take place on the 8th February next.

THE GUARD-ROOM AT THE HORSE GUARDS.

To what tortures is poor humanity put for the sake of appearances! As if the misery of being compelled to sit on horseback for hours together, in a stiff and complicated uniform, for the special admiration of small boys and nursemaids passing by, were not sufficient, the splendid fellows who form our Household Cavalry are compelled to undergo other sacrifices, which, if not so public, are not the less real on that account. Passing from the office of the Quartermaster-General, we requested a tall and bearded Scotchman, who was lounging about the Horse-guards Gate, to show his guard-room, which, of course, we expected to find in keeping with the whiteness of his breeches, or the shining of his boots and helmet. Alas! nothing of the kind. He offered to show his quarters, with a species of apology. "Take care," said he, as we passed along the dark corridor, with its glimmering of gas to replace the daylight we had left,—"take care, for it is sare dark, and ye may tumble up the steps." And so we groped our way into a wretched guard-room, with a miserable fire, and a few bare benches and tables, from which the remnants of dinner had been but just removed. Not a single comfort to be seen. The windows small and dark, and the place more conformable to the back kitchen of a pothouse than to a place where decent men, in a clean and splendid uniform, might be expected to abide. There were thirteen men on guard; two corporals being lodged in separate rooms—one in a solitary cell below, the other in a dirty and neglected room above, where, most erroneously, he is supposed to sleep. Ascending an open staircase, we reached a large and comfortless barrack-room, where several weary warriors were resting on their beds, encased in uniform, not, we may reasonably suppose, in expectation of being called to sudden duty, but simply because the day was cold, and a single gaslight did scant duty for a fire. Nor was their kitchen in a better state. Descending below the surface of the earth, we found ourselves beneath an ancient-looking crypt, reminding us strongly of cathedral vaults. Three coppers and a table constitute its furniture. All the food is boiled, and, to our astonishment, these fine guardsmen, like woodcocks, live by suction, although our Scotch conductor assured us that the soup was "vera gude." We were told that an oven had been promised several years ago; but, alas! it was an extravagance beyond the public means, and has never yet arrived. Emerging into the air, we passed the mounted statue in his canopy, waiting patiently for the moment when, like the Commandant in "Don Juan," he might descend to supper, with the reflection that if the nation indulges in absurd vagaries, it is bound at least to see that its victims are housed and fed with some regard to decency.

ALLEGED ILL-TREATMENT OF A PAUPER AT LAMBETH WORKHOUSE.

A PROTRACTED inquiry has just been concluded at the Lambeth Workhouse before Dr. Markham, Poor-law Inspector, relative to the alleged ill-treatment of an epileptic pauper named Mary Ann Garnham. It is said that she was placed in a dark cell which is unfit for human occupation; that she was subjected to great fright and violence; and that on the following day she was seized with a series of paroxysms of such an alarming character as to lead the surgeon to send to the magistrate with a view to her evidence being taken as before death. An immense mass of irrelevant and conflicting evidence has been adduced, so that it is utterly impossible to express an opinion upon the case until Dr. Markham's report shall appear. Enough, however, has been shown to enable us to state that very little consideration appears to have been made for the natural irritability of epileptics, and the nervous and physical prostration to which they are undoubtedly subject.

THE RETIRING MEMBERS OF THE GENERAL MEDICAL COUNCIL.

WE understand that Professor Christison and Dr. Parkes have each been asked to serve again as Crown representatives on the Medical Council, and we are glad to say that they have both consented to do so. Dr. Andrew Wood has been re-elected for two years to represent the College of Surgeons of Edinburgh. This College has determined to elect in future for two years instead of five years. The re-election of Dr. Wood will give satisfaction at once to the profession and to his colleagues in the Council. No member of that body works harder or better, and he is the champion of the principle of the direct representation of the profession in the Council. Professor Syme, who represented the Universities of Edinburgh and Aberdeen, is among the retiring members. The Aberdeen University, probably not unnaturally thinking itself entitled to the nomination of the next representative of the two Universities, has chosen Dr. Macrobin, Professor of the Practice of Physic, and Dean of the Medical Faculty of the University. It cannot be doubted that the Edinburgh University will again choose Mr. Syme. Under these circumstances the Privy Council will decide. With every sympathy with the University of Aberdeen, we trust that in the present circumstances of the Council the Privy Council will decide in favour of Professor Syme. He is the prime mover of the present Education Committee, which is accumulating important material for much needed legislation; and it would be very unfortunate if the Council were to lose the benefit of the services of a clinical teacher of such great experience and success.

Correspondence.

"Audi alteram partem."

THE VALUE OF THE ART OF SKETCHING TO MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—The admirable address delivered at St. George's Hospital, and published in your last week's LANCET, is well worthy of wide circulation.

Permit me to call attention to one of Dr. Acland's remarks which seems almost to have escaped notice in other addresses, but which is certainly more important than is generally admitted. Dr. Acland says:—"Of course you all practise out-of-door sketching when you can. Sir Charles Bell, Seymour Haden, Prescott Hewett, Henry Monro, Chambers, and Solly, have shown you the way; and if you do not follow, when you are older you will make bad diagrams, and will be worse lecturers than you might have been."

It appears to me the art of drawing has a far more practical bearing than is here implied, for Dr. Acland seems only to suggest it as a "vacation" amusement. I believe it may be a vast aid to a medical man throughout his professional career. It would take up too much time to cite instances in proof of this; and happily these are too evident to escape those who consider the subject. I may, however, remark that a well-prepared drawing of a dissection or a microscopical preparation may save hours of book drudgery, and must lead to clear and accurate ideas, whilst to the busy practitioner the rapid sketch of a morbid growth, or the mere outline of a diseased limb, may convey to the mind more than pages of careful notes. To those who teach, good diagrams are absolutely essential, and none are so good as those fresh from the hand of the teacher himself. I myself had the rare privilege of being the pupil of a man who not only knew well how to teach, but who could illustrate his lectures on the slate in a manner which made many regret his chalk drawings were so soon to be erased. And this, which might be termed the charm of Dr. Sharpey's lectures, was a main feature in the class which was then conducted by Dr. Harley, who was an excellent draughtsman;

each organ or tissue which was examined by the microscope was also sketched, and at the end of the season the industrious student had, if not a valuable, at least an interesting collection of microscopic drawings.

Drawing, then, may be said pre-eminently to cultivate the eye as to form, size, and relation, and it certainly educates the touch in a manner scarcely second to the use of the scalpel in the dissecting-room. When it is remembered that in many surgical operations the knife is carried in straight lines or curves, surely it is some satisfaction to the surgeon to feel that his eye has been previously educated in these things, and will safely guide his hand.

May I venture to hope that the art of sketching and painting, which now-a-days forms part of the education of most of the better classes, will become almost a necessity in our profession? One has only to glance at the beautifully executed drawings of Sir Robert Carswell and Sir Charles Bell to feel that these men at least have set us an example in this respect which all must admire, and more might follow with advantage.

I am, Sir, your obedient servant,

Chatteris, Oct. 14, 1868. ARTHUR HENSMAN.

OUR ARMY DOCTORS.

To the Editor of THE LANCET.

SIR,—I met with some old numbers of THE LANCET, in which I read some articles that interested me in consequence of their advancing views which I have long held. Reductions and retrenchments are the order of the day. What is the direction which these ought to take as regards the Army Medical Department?

1st. Abolish all governors, captains of orderlies, and other persons not amenable to the orders of the principal medical officer.

2nd. Place all purveyors, hospital orderlies, and nurses, whether paid or voluntary, under the control of the senior medical officer.

3rd. Hold him responsible for everything in his hospital; give him power to dismiss any nurse for misconduct, and to fine any hospital orderly for drunkenness, absence, or minor offence. Any breach of discipline which he wishes to have punished let him send the individual to the officer commanding the district or station, with a description of the crime and summary of evidence.

4th. Amalgamate all medical men, purveyors, and the orderlies into one corps. Let the dress be plain and simple, but officer-like, for all medical men; badges for rank. Abolish cocked hats, black belts, arms, and accoutrements, and give them some convenient case or packet for instruments.

5th. Attach medical officers to regiments, with power to remain if desirous of doing so.

I cannot myself conceive why a medical man requires a sword more than the parson. The latter works with the sword of the Spirit, and the former with the sword—of the lancet.

Those of the profession who lust after mock military display are not worthy of their high calling. Medical officers may depend upon it that they will have everything to gain in the future, whatever the past may have been, from dwelling upon the importance of the word medical as contrasted with that of officer. After some nineteen years' experience as a combatant officer in all climes, I am proud to reckon among my warmest friends many medical men of the service, who are not only well read and good professional gentlemen, but men of common sense. They require to be treated with confidence and fairness, and they will not only care for those under their charge, but also save the public large sums of money, not by sparing sixpennyworths of medical comforts, but by saving the life and health of the soldier.

I am, Sir, your obedient servant,

AN OLD COMBATANT OFFICER.

EDUCATION AT THE ROYAL MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—Your correspondent whose letter is dated Oct. 13th places the question of the instruction given at the Royal Medical College in a worse light than I was at all aware of when I addressed you last week. If what he advances is correct, the time has arrived for the Committee to institute a searching investigation, and, without fear or favour, to clear away what is inefficient in the establishment, and to remodel it upon a better plan.

In my former letter I mentioned two schools as standing prominently in the honours' lists of the University of London, and I know that of the pupils sent from them for examination a far less proportion fail than your correspondent of this week states have done from the Medical College.

I believe that the pupils of the College are all sons of medical men, most of whom will become acquainted with the discussion now going on in your journal upon this subject. If those whose sons have been rejected will take the trouble to send a few lines to THE LANCET, mentioning the branches that have proved stumbling-blocks, means will be obtained for learning wherein the school is weak. I suspect regular drill is wanted in such things as Composition, English History, and Natural Philosophy. It is important to remember that the Matriculation Examination exacts a certain proficiency in every subject examined upon, and that a candidate might have enough marks in five to place him at the head of the honours' list, but if he failed in the sixth he would be plucked.

Hoping that the head-master of the College, or some one or more of the Committee, will vouchsafe some explanation to the parents of pupils through THE LANCET,

I am, Sir, your obedient servant,

A SUBSCRIBER TO THE ROYAL MEDICAL COLLEGE.

October 10th, 1868.

To the Editor of THE LANCET.

SIR,—I, as an old Epsomian, can fully corroborate the statements made in your impression of last week by "A Subscriber to the College," as regards the lamentable negligence displayed by the presiding authorities concerning "preliminary examinations." Even the College of Surgeons' Preliminary Examination had to be worked for out of school hours, and the London University Matriculation was prepared in the same manner. The wonder is that not more of the Epsom candidates for matriculation are rejected than are, and the only way in which I can account for it is, that (in my time) no one offered himself as a candidate unless he was in either the fifth or sixth form,—classes in which work was done, or ought to have been done, of a much higher stamp than is necessary for *any* preliminary examination. Of course, the requisite mathematics were unavoidably taught (unless the candidate happened to be in an unusually low mathematical class); but some of the other requisite subjects were almost or entirely passed over by the authorities, who seemed to have an idea that we were sent to Epsom to pick up whatever they in their wisdom might think fit to give us to learn, quite regardless of any special examination which might materially tend to influence a lad's future. The subjects more particularly neglected were Chemistry and Natural Philosophy. I allow Chemistry was taught, but inadequately; a lecturer came but once a week, and after a course of twelve or fourteen lectures began his subject over again, and by the time the course of lectures was concluded the class had rarely made such progress as would enable the majority of its members to pass the Chemistry paper at Matriculation, without extra work out of school. And this class was an "extra," and not included in the common course of studies.

In conclusion, I can only add that Natural Philosophy was *entirely* neglected, and left to the discretion of the student himself. And these two subjects are the special stumbling-blocks of the Epsom candidate for matriculation. Cannot this be remedied?

I am, Sir, your obedient servant,

OLD EPSOMIAN.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

M. GUÉRIN'S views on puerperal peritonitis and the facts by which he supports them have been severely criticised by the various orators who have spoken on the subject at the Academy. Indeed, M. Guérin has been rather roughly handled by the obstetrical members of the Academy, upon whose domain he had more especially encroached. M. Depaul and M. Blot, the two gentlemen to whom I allude have con-

demned M. Guérin's views in a wholesale manner, as being in complete antagonism to the most clearly established facts of anatomy, physiology, pathology, and clinical medicine, and his apparatus as being a very pretty and ingenious thing, but devoid of any practical value. They both agreed in saying that the passage of fluids from the uterus into the peritoneal cavity was physiologically impossible, and that the reverse was still less possible. The uterus could not under any circumstances be compared to a balloon or a gaping cavity. The walls of this organ, like those of the vagina, were in close contact throughout their extent. The fluids which were found in the peritoneum after death were quite different from those contained in the uterus. The causes of puerperal peritonitis were far different from those which M. Guérin suspected. M. Blot mentioned that M. Guérin was wrong in supposing that the uterus undergoes contraction after delivery. The diminution of the organ was due to a process of wasting, the reverse of that process which brought on hypertrophy during pregnancy. When interfered with, the process of atrophy was arrested, and various lesions supervened. He did not deny the power of contraction with which the uterus was invested, and he even employed ergot of rye to promote the contraction in given circumstances. But he contended that the diminution of the organ after delivery was due to the process of atrophy referred to. M. Alphonse Guérin (who is not related, I believe, to the other M. Guérin) and M. Gosselin, two distinguished nosocomial surgeons of Paris, have also spoken on the subject, and, though they are far from adopting M. J. Guérin's views, do not condemn them in such a sweeping manner. For instance, M. A. Guérin mentioned that after a series of experiments which he had recently instituted, he was enabled to assert that the passage of fluids through the Fallopian tubes into the peritoneum might be effected by means of injections, and this led him to condemn the practice of throwing injections into the uterus. The reverse, however (I mean the return of fluids from the peritoneum into the uterine cavity), he strongly denied. In conclusion, he advised M. J. Guérin to apply his apparatus to cases of ascites; the experiment could be more easily effected, as the liquid was so much more limpid than in purulent effusion, and the results would be conclusive. But even admitting M. J. Guérin's views, said M. A. Guérin, the apparatus could not be of much practical value; the extremities of the Fallopian tubes must be in contact with the peritoneal effusion, otherwise the aspiration could not act *in vacuo*, and some portion of the intestine, or the least bit of albuminous matter, might occlude the tubes. M. Gosselin, in a clear, impartial, unimpassioned discussion of M. J. Guérin's theory, said that he did not reject the apparatus, which might be of service as a means of cleansing the uterus. M. Gosselin assimilates puerperal fever to the bad effects which follow sometimes upon large wounds, amputations, &c. Undoubtedly this resulted from the absorption of putrid matter or gases, and indeed it was obvious that puerperal disease arose from the decomposition of the matter contained in the uterus. Was it through the introduction of air into its cavity? This action of the atmospheric air was not necessary to account for the decomposition of matter in the human body. Witness the decomposition of the fœtus in utero; witness the case of fetid abscesses accompanied by the production of ammoniacal gas, &c. Was it not rather through some internal cause, such as deficient hæmatosis, brought on by ill-nourishment, overcrowding, &c.? Besides, he could not admit a condition of vacuum in the uterus. The walls of the organ were in close contact, and even should a slight quantity of air have penetrated during the delivery it would become confined, and be absorbed before producing any harm. All of the orators whom I have mentioned were unanimous in stating that the instance adduced by M. Guérin was not one of puerperal peritonitis, but simply of metritis. M. Guérin's observation was severely criticised as being very imperfect. It is but just to say that M. Guérin has defended his views with considerable ability against his various adversaries; but he has not succeeded in establishing that the case under his treatment was one of puerperal peritonitis; that the passage of fluids from the peritoneal cavity into the uterine cavity is possible; that the introduction of air into the uterus during or after delivery is a fact, &c. Even supposing, however, that his views are quite incorrect, and that his process of aspiration cannot effect all that he promises in its name, it is quite obvious that they should be taken into consideration, and carefully experimented upon, as he requested himself at the end of the debate.

THE RECENT BOILER EXPLOSION.

ALL the sufferers save one, from the recent boiler explosion which occurred at the United Club on Monday last, are progressing very favourably. Six persons seriously injured were taken to Charing-cross Hospital. It was found necessary to admit two women and one man, and they were placed under the care of Mr. Canton. One of the former, the poor girl Ellen Leonard, aged twenty, was suffering from a number of wounds—three on the scalp, one through both lids of the left eye. Both eyes were much swollen, and, in fact, until yesterday (Thursday) she was unable to open either. The ear was lacerated and much burnt; the head and shoulders were scalded. There was a severe wound on the left thigh, and both thighs were burnt and scalded. Mr. Turner, the house-surgeon, informs us that the girl rallied somewhat from the severe shock on Wednesday, and but faint hopes only are entertained of her ultimate recovery. Emily Luttmin, aged twenty-one, the other of the two young women admitted, is severely burnt, especially about the face and thighs. The right arm is fractured at its upper part, but she is progressing satisfactorily. The man Humm, who made up the trio of admissions, had several wounds and bruises about him. He was sufficiently well to leave the hospital on Wednesday.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Monday, Oct. 19th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Anderson, William, St. Thomas's Hospital.
Barry, James William, Metropolitan Free Hospital.
England, George, Handsworth, Birmingham.
Higgens, Charles, Guy's Hospital.
Laking, Francis Henry, St. George's Hospital.
Littlejohn, Saltern George, Dagmar-road, Camberwell.
McClean, Edward Henry, St. Bartholomew's Hospital.
Timmins, John Aaron James, Granville-square, Pentonville.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 15th:—

Leonard, William, Sheffield.
Lewis, William Bevan, Cardigan.
Woods, George Arthur, Southport.

The following gentlemen also on the same day passed their first examination:—

Barnes, Edgar George, St. George's Hospital.
Gillingham, Alfred, Guy's Hospital.
Langford, Phineas P., Middlesex Hospital.
Taylor, Frederic E., King's College Hospital.

GUY'S HOSPITAL.—The following is the result of the Entrance Examination in Classics, Mathematics, &c., held on the 5th inst.:—(1) George Thomas Bettany, of Penzance, Cornwall, £25; (2) Thomas Eastes, of Folkestone, Kent, £20; (3) Robert Harry Hughes, of Putney, £15; (4) Hy. Seymour Branfoot, of Brentwood, Essex, Honorary Certificate.

THE Brighton Railway Company has authorised the fixing of a box on the arrival platform of the Brighton station, for the reception of newspapers for the poor of the workhouse. We hope it will receive abundant contributions.

A SCHEME is, we are glad to hear, in progress for the establishment of botanical gardens for the three towns of Plymouth, Devonport, and Stonehouse, similar to those at Bath and other places.

MR. PHILIP LUGARD, a retired surgeon, eighty years of age, and living at Hounslow, has been committed for trial on a charge of shooting at a young lady. The parties were next-door neighbours; and the defendant, under some alleged annoyance, fired his gun, as he says, to frighten the complainant.

SUBSCRIPTION lists have been opened at Newark for a memorial to the late Mr. J. P. Lacy, M.R.C.S., as a permanent record of the high appreciation in which he was held in that town.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of this corporation held on the 5th inst. the following officers were elected:—President: Dr. Andrew Anderson. Visitor: Dr. Harry Rainy. Councillors: The President, *ex officio*; the Visitor, *ex officio*; Drs. Fleming, Robert Scott Orr, John Coats, George Robertson, and William Weir. Treasurer: Dr. John Coats. Honorary Librarian: Dr. George Rainy. Vaccinator: Dr. Jas. Dunlop. Board of Examiners: Drs. William Lyon, Andrew Buchanan, James Morton, Robt. Perry, R. D. Tannahill, J. B. Cowan, Andrew Fergus, George Buchanan, R. Scott Orr, and William Leishman. Clinical Examiners: The Physicians and Surgeons of the Royal Infirmary. Examiners in Arts: Drs. John Coats and Jas. Steven. Clerks: Laurence Hill, LL.D., and William Henry Hill. Secretary and Librarian: Alexander Duncan, B.A.

AN infirmary is to be established at Oldham, in consequence of the grant of £1000 from the Mansion House Cotton Famine Relief Fund, which has been supplemented by subscriptions to the amount of nearly £2000 more at a meeting convened for the purpose of aiding the object.

THE VACCINATION ACT.—During the week Mr. Dayman heard a batch of summonses at Wandsworth against persons residing in Wimbledon for not complying with the Vaccination Act of 1867, in not having their children vaccinated within three months of their birth.

In the case of Mr. W. D. Westgate it was stated by the defendant that the child was vaccinated before the three months had expired, but it was not successful. When he received the notice he took his child again, but it was not in a fit state to be vaccinated.

Mr. Dayman, on looking over the Act, said there was *no penalty* for not giving notice of an unsuccessful vaccination, when performed by a private practitioner, as in the case in question. There was evidently an omission in the Act.

The gentleman who supported the summonses said there was no provision, and it caused great inconvenience.

Mr. Dayman said the Legislature had overlooked that link. However, as the defendant had not employed the public practitioner, he must show that he took the child within three months after its birth. The defendant should have procured a certificate from his doctor, and have sent it to the registrar. That would have given him notice, and he then would have complied with the Act. He adjourned the summons for the defendant to satisfy the Board that the child had been vaccinated.

THE twenty-fifth annual meeting of the subscribers of the Bridgwater Infirmary was held on the 8th inst. The Committee of Management gave a favourable account of the institution, both as to the extent of its usefulness and the state of its finances. The medical report showed that the number of in-patients during the past year had been 250, against 252 in the preceding year; and that the number of out-patients had been 4228, against 3263.

MR. GEOFFREY HETT, of Brigg, has been elected house-surgeon to the Lincoln Dispensary, at a salary of £120 per annum.

THE Committee of the Brighton Sanitary Association announces that the sanitary department of the Town Museum will soon be open to the public. The object in providing this department is "to instruct people as to the best and most wholesome way of living," the instruction being conveyed "in a way likely to reach all classes." This is an interesting experiment on the part of our Brighton friends, and we wish them as much success as they can desire.

THE mortality in the eight principal towns of Scotland during September, as in the three previous months, greatly exceeded the average. In Glasgow and Greenock the mortality of children under five years of age exceeded 50 per cent. of the total deaths. Scarlatina was the most fatal epidemic in the towns; it caused 21·6 per cent. of the deaths in Paisley, and 25·3 per cent. of the deaths in Leith.

THE "Lincolnshire Chronicle" announces, with great regret, the death of a gentleman widely known and esteemed in the county—Dr. S. Trought, of Louth. He had been several times mayor of the borough, was an alderman and magistrate at the time of his death, and, being exceedingly popular, his funeral was quite of a public character, all classes uniting to do honour to his memory. Dr. Trought was a contributor to THE LANCET in 1828–29.

DR. WALKER, the medical officer of health for the borough of Hanley, reports to the local authorities that the great mortality of the last few months has been caused by the existence of nuisances which a systematic house-to-house visitation would have discovered and mitigated. He recommends that the Nuisances Removal Act should be enforced so as to bring the inhabitants to a sense of their shortcomings.

DR. WHITMORE'S report on the health of the parish of Marylebone during the last two months is a favourable one. The decline of diarrhœa, which in August was very prevalent among children, is attributed chiefly to the gradual decline of temperature and to the measures of disinfection adopted. Scarlatina was destructive: its incidence did not appear to be greatly influenced by defective sanitary conditions, some of the most malignant cases frequently occurring in wealthy families, where the sanitary surroundings of patients were all that could be desired, and *vice versâ*. Only one death occurred from small-pox, vaccination being increasingly resorted to.

INDIAN STATISTICS.—From the Indian correspondent of *The Times* we are glad to learn of the efforts which are being made to supply the long felt need of trustworthy Indian sanitary and vital statistics. As a groundwork we are promised a census of our whole Eastern empire (except the feudatory states) in 1871; in relation to which the census of the North West and Central Provinces, and of the Punjab, lately taken, will afford interesting points of comparison. Under the auspices of the statistical committee established by Lord Elgin a large amount of valuable information is being accumulated, and special reference is made to the report relative to the Central Provinces just sent to the Government of India. The vital statistics embrace returns of births, marriages, deaths, of vaccination, and of hospitals; and particular stress is laid upon the uniformity of these returns, which is required from all the different reporting authorities.

DISEASE AND CRIME.—The directors of convict prisons in England report a great increase in recent years in the proportion of convicts who are of a weakly and diseased constitution. Of 6552 male convicts in confinement on the 7th of April, 1868, no less than 1981 were either confirmed invalids, or fit only for light labour. Of 1237 convicts disposed of from Millbank Prison in the year 1867, only 688, or 55 per cent., were removed to the public works prisons as fit for hard labour, and 136 to public works for light labour, the remainder being sent to the invalid prisons. The medical officer of Millbank Prison states that the vast majority of the 284 prisoners who were removed thence to Dartmoor and Woking in 1867 as invalids, were suffering on their reception from disease or infirmity. He does not concur in the opinion entertained by some that invalid convicts have in most cases disqualified themselves for hard labour by indulgence in vicious and irregular habits previous to imprisonment; he considers that the great majority of these prisoners are either men of originally feeble constitutions, or the subjects of diseases or infirmities which they have contracted through circumstances over which they have had no control.—*The Times.*

A NEW MEDICAL PERIODICAL AT HAVANNAH.—We have received the numbers for April and July, 1868 (Nos. 1 and 2), of a quarterly journal presenting a new feature, as it combines medicine, surgery, and *dentistry*. It is printed in New York, and edited by Drs. Wilson and Gonzalez, dentists at Havannah. European medical literature contributes largely to its contents; but we notice several original articles of value, such as the "Physiological and Pathological Influence of Tropical Climates"; and some very interesting dental observations.

Obituary.

DR. JOHN ROBERTSON SIBBALD.

THIS well-known Edinburgh practitioner has passed from amongst us, after a few weeks' illness, and will undoubtedly be missed by many friends and former patients. Dr. Sibbald was a native of Edinburgh. After studying at the Medical School there, he obtained the licence of the College of Surgeons in 1818. After prosecuting his studies at London and Paris, he returned to Edinburgh, and commenced practice. In

1824 he graduated at St. Andrews, and in 1829 was admitted to the Fellowship of the College of Surgeons. Dr. Sibbald passed an active and useful life, and enjoyed the result in his age of the labour of his youth. His practice was lucrative, and he accumulated a considerable fortune, the chief part of which, having no near relatives, he has left for various charitable purposes. In his early years he practised as a cupper, and held the office of cupper to the Royal Dispensary. For the last ten years he had all but retired from active professional work. Dr. Sibbald's communications to the literature of the profession have not been extensive, but amongst them may be noticed his "Case of Osteo-sarcoma of the Lower Jaw," in which the tumour was removed by Mr. Syme.

He was an active member of many charitable institutions, and acted as surgeon for many years to the Magdalene Asylum. He also took an interest in political matters, and for some time was a member of the Town Council. In his views he was Conservative.

The full particulars of his wills are not yet made public, for from the number of his testamentary declarations some time is required to get them arranged. He has left the residue of his estate, amounting, it is believed, to about £25,000, to establish a ward or wards for incurable persons, in connexion with what institution is not stated; but it is probable the trustees will offer the money to the infirmary. He has endowed a bursary for students of medicine attending the Edinburgh School of £40 a year, which is to be held for four years. He has also left four bursaries of £10 each for pupils attending the High School of that city, and a number of small legacies to charitable institutions in which he took interest.

He died on the 19th of September, and was followed to his resting-place in the Greyfriars Churchyard by many friends, to some of whom he had been medical adviser for upwards of forty years.

DR. W. B. HERAPATH, F.R.S.

THE death on the 12th instant at the early age of forty-eight years of this distinguished physician and chemist will be universally regretted. Like his father, he was celebrated for his analytical skill, his professional acquirements being altogether of a high order. On passing his M.B. examination in 1844, at the London University, Dr. Herapath took honours in no less than six branches of medical knowledge. He subsequently became an M.D. of the same institution, and his rapid and brilliant succession of chemical and toxicological discoveries were rewarded by the Fellowship of the Royal Societies of London and Edinburgh, and the corresponding membership of many of our scientific societies. He was an indefatigable worker, as his numerous contributions to medical, chemical, and other scientific journals, fully attest. We learn from the *Bristol Mercury* that, although suffering from an exhaustive and painful disease, he was engaged within a few days of his death in researches with spectrum analysis, more especially as to blood stains and the chlorophyl of plants.

MEDICAL APPOINTMENTS.

BAKER, Mr. G., has been appointed Surgeon to the County Gaol at Wick.

CHINERY, E. F., M.R.C.S.E., has been appointed Medical Officer for part of the Fawley or No. 3 District of the New Forest Union, vice E. Chinery, M.R.C.S.E., resigned.

CORBET, R., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Orsett District, and Medical Officer for the Workhouse of the Orsett Union, Essex, vice D. Corbet, M.D., deceased.

COURT, J., L.R.C.P.L., M.R.C.S.E., has been appointed Public Vaccinator for the Bolsover District of the Chesterfield Union, vice Henry Moore, M.R.C.S.

FOSTER, O. H., M.A., M.B., M.R.C.S.E., has been appointed Medical Officer to the North Herts and South Beds Infirmary, to act conjointly with O. Foster, M.R.C.S., L.S.A., Senior Medical Officer.

GRIME, J., M.B., C.M., has been appointed Medical Officer to the Workhouse of the Blackburn Union, Lancashire, vice H. A. Grime, L.R.C.P.Ed., resigned.

HAZARD, J., M.R.C.S.E., has been appointed Medical Officer, and Registrar of Births &c., for the Mileham District of the Mitford and Launditch Union, Norfolk, vice C. J. Jump, M.R.C.S.E., deceased.

JOB, S., M.R.C.S.E., has been appointed Medical Officer for the Coddington District of the Newark Union, Notts, vice W. F. Footit, M.R.C.S.E., resigned.

KNOX, Dr. W., has been appointed Medical Officer for the Cloghan Dispensary District of the Stranorlar Union, Co. Donegal, vice D. Anderson, L.K.Q.C.P.I., resigned, and appointed to the Moira Dispensary District.

LACY, Dr. T. S., has been appointed Medical Officer to the Prison, Guernsey, vice De Beauvoir de Lisle, M.R.C.P.L., deceased.

LANSDOWN, F. P., M.R.C.S., has been appointed Medical Officer to the Red Maid's School, and Queen Elizabeth's Hospital, Bristol, vice Dr. W. B. Herapath, deceased.

LUDLOW, C. E., L.F.P. & S.Glas., has been appointed Medical Officer for the Burbage District of the Hinckley Union, Leicestershire, vice T. S. Ludlow, M.R.C.S.E.

MACMILLAN, A., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Dailly, Ayrshire, vice T. Blair, L.F.P. & S.Glas., whose appointment has expired.

MERCER, A. W., M.R.C.S.E., has been appointed Medical Officer for the Stamford District of the Orsett Union, vice Rea Corbet, M.R.C.S.E., resigned.

MULLINS, Dr E. A., has been appointed Medical Office, Public Vaccinator, and Registrar of Births &c., for the Bangor Dispensary District of the Belmullet Union, Co. Mayo, vice Wm. H. MacDermott, L.K.Q.C.P.I., resigned.

PARSON, W., M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the Hambledon Union, Surrey, vice J. Lawton, M.R.C.S.E., deceased.

PIGG, T., M.D., M.R.C.P., has been appointed a Physician to the Manchester Southern Hospital for Women and Children.

SMITH, Mr. C. J., has been appointed Surgeon to the Farringdon Dispensary and Lying-in Charity, vice E. J. Pollock, M.R.C.S.E., resigned.

SMITH, E., M.B., has been appointed Resident Medical Superintendent of the Londonderry Lunatic Asylum, vice W. F. Rogan, M.R., deceased.

SWINDELL, J. J., M.R.C.S.E., has been appointed Junior House-Surgeon to the Middlesex Hospital, vice Mr. G. E. Norton.

SWINSON, G. N., L.R.C.P.Ed., has been appointed Medical Officer for the Turvey District of the Bedford Union, vice Godfrey, resigned.

VINCENT, OSMAN, M.R.C.S.E., has been appointed a Surgeon to the St. Marylebone General Dispensary, Welbeck-street, vice Walter Leaf, M.R.C.S.E., resigned.

WALKER, W. N., M.R.C.S.E., has been appointed a Medical Officer to the Upper Holloway Branch of the Holloway and North Islington Dispensary, vice Dr. J. Davidson, resigned.

WALLACE, T., M.R.C.S.E., has been appointed Medical Officer to the Trim Constabulary, vice J. J. O'Reilly, M.D., deceased.

WILCOX, C., M.R.C.S.E., has been appointed Medical Officer for the Morden District of the Wareham and Purbeck Union, Dorsetshire, vice Wm. Williams, M.R.C.S.E., resigned.

WOODWARD, E., L.R.C.P.Ed., has been appointed Medical Officer for the 1st and 2nd North-Western Districts of the Freebridge Lynn Union.

Births, Marriages, and Deaths.

BIRTHS.

GALE.—On the 16th inst., at Westbourne-park-place, the wife of H. Stanley Gale, M.B., of a son.

GOODING.—On the 14th inst., at Bexley-place, Greenwich, the wife of Ralph Gooding, B.A., M.D., of a daughter.

HADAWAY.—On the 20th inst., at Welbeck-street, Cavendish-square, the wife of Dr. J. Hadaway, of a son.

HARRIES.—On the 19th inst., at Dorpole, Shrewsbury, the wife of J. D. Harries, M.R.C.S.E., of a daughter.

PRICHARD.—On the 10th inst., at Wonastow Court, near Monmouth, the wife of W. G. Prichard, M.D., Inspector-General of Hospitals Madras Service, of a daughter.

PRITCHARD.—On the 4th inst., at Green-street, near Sittingbourne, the wife of Dr. G. F. Pritchard, of a son (Eric Law).

SHEPHERD.—On the 15th inst., at Rochester-road, Kentish-town, the wife of F. Shepherd, L.R.C.P.Ed., of a daughter.

MARRIAGES.

ANDERSON—HENDERSON.—On the 14th inst., at Chesterhill, East Lothian, Robert Anderson, M.D., L.R.C.S.Ed., of Airdrie, to Christiana Moffat, younger daughter of Thomas Henderson, Esq.—No Cards.

CALDWELL—NAYLOR.—On the 21st inst., at the Cathedral, Manchester, J. T. Caldwell, Surgeon, of Boston-street, Hulme, to Hannah, second daughter of James Naylor, Esq., of Webster-street, Greenheys.

COLTHURST—JOHNSON.—On the 14th inst., at St. Stephens, Canonbury, Islington, James Hunter Colthurst, M.R.C.S.E., L.S.A., of Tyr Phil, Glamorganshire, eldest son of George Colthurst, Esq., of Chew Magna, Somerset, to Isabella Sarah, eldest daughter of Richard Johnson, Esq., late of Rhymney.

REYNOLDS—RIXON.—On the 13th inst., at Pembroke Dock, Howard D. Reynolds, L.R.C.P., M.R.C.S., to Agnes J. E. Rixon, only daughter of the late Mr. Richard Rixon, of Pembroke Dock.

DEATHS.

ALEXANDER.—On the 15th inst., H. D. Alexander, M.D., of St. John-street, Edinburgh.

BOWS.—On the 14th inst., at Leeds, John Bows, M.R.C.S.E., of Richmond, Yorkshire, aged 67.

MARSDEN.—On the 17th inst., Wm. Marsden, M.R.C.S.E., of Skipton-in-Craven, Yorkshire, aged 70.

MYERS.—On the 14th inst., Henry Myers, M.R.C.S.E., of Milton-street, Dorset-square, late Surgeon in the Portuguese Army, aged 64.

WILLIAMS.—On the 11th inst., from the effects of a fall from his horse on the preceding day, Wm. Williams, F.R.C.S.E., of Dolgelly, Merionethshire.

WILLIAMS.—On the 13th inst., at Drim, near Fishguard, Pembrokeshire, Wm. G. Williams, M.R.C.S.E., of Salisbury, aged 32.

To Correspondents.

L.R.C.P. *versus* M.D.

THE Governors of the Newark Dispensary and of the Newark Infirmary have unanimously altered the rules which required physicians of either of these institutions to possess the degree of one of the Universities of the United Kingdom. They have resolved to accept licentiates of the College of Physicians of London, and the licentiates of other Colleges were not included only on the ground of notice not having been given. The Governors of these institutions must be left to govern them according to their own views; but we cannot but say that the alteration of the rule which required a medical degree is a misfortune both to the institution and to medical science. There always has been a great difference between degrees and mere licences of Colleges, and in the future the difference will be more considerable than in the past. The tendency of Universities is to raise the reputation of their degrees; that of Colleges, in the matter of licences, is to make the acquisition of them not too difficult. A licence represents the minimum qualification of medical men; a degree, something higher than that. And we hold it to be a mistake and a misfortune to alter the rules which make the physicianship of public institutions a kind of prize for those who have gone through a higher curriculum, and passed a severer examination. The logic with which it was sought to justify this procedure was singularly loose. It was said that the alteration of the rule did not lower the standard, because, forsooth, graduates would be as eligible as before. This is a poor consolation when any licentiate of the neediest College of Physicians may be a rival. It was, moreover, argued as if it were unreasonable to exact a higher qualification of the physician to an hospital than was necessary for ordinary practice. We entirely fail to see the force of this argument. Hospitals, and in a degree dispensaries, are for serious and difficult cases, many of which have failed to get well under ordinary treatment. The highest medical skill is expected in public institutions, and it will be a great blow to their high reputation if other institutions follow the example of Newark.

M.R.C.S. should apply to the Director-General of the Army Medical Department, Whitehall-yard, S.W., where he will obtain full particulars. He may also with advantage consult our last Students' Number.

H. H. L.—The extraordinary handbill shall receive attention.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Dr. Johnston confesses to the fact of having twice visited, without my knowledge, a patient whom he knew I was attending. He excuses himself on the ground that he had on various occasions been requested by my patients to meet me in consultation, and that although he had in every instance endeavoured, by writing or otherwise, to effect an arrangement in the usual way, I had invariably declined to meet him.

Dr. Johnston is under a misapprehension. I have, so far as I recollect, received in the course of my life only one letter from him, and it, unless my memory deceives me, was in reference to a medical report; while concerning the endeavours made "otherwise," I know nothing whatever. But is what Dr. Johnston considers "the usual way" of effecting an arrangement the correct way? Is it not, on the contrary, an acknowledged professional rule that the individual to propose a consultation should be the ordinary attendant, and not the person to be consulted? A code of ethics including such a rule would, at least, have secured one from exposing himself to the indignity of which Dr. Johnston complains.

Even were the case as Dr. Johnston states it, was he—and this is the point at issue—entitled to visit a patient of mine without my knowledge?

Your obedient servant,

Montrose, October 21st, 1868. HENRY STEELL.

Student, (Blackburn.)—The General Medical Council in 1861 adopted the Report of its General Committee on Education, including the following recommendation:—"That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study." Our correspondent will see from this that the year before he began his pupilage the Council had defined the beginning of professional education to mean the commencement of study at a medical school.

Enquirer.—Dr. Allbutt's clinical thermometer is made by Harvey and Reynolds, of Leeds. It is only six inches in length, and is a most convenient instrument for the practitioner.

Dr. Stephens.—The case is a proper one to bring under the notice of the Medical Council.

Hope.—Our correspondent should apply to some registered practitioner.

TODD AND BOWMAN'S ANATOMY.

To the Editor of THE LANCET.

SIR,—Will you be so kind as to inform me if Dr. Beale intends completing "Todd and Bowman's Anatomy"? I got the first part in 1866. Two years have passed, and yet there is no appearance of the second part. I consider this is not what I was led to expect when I purchased the first part. Some explanation is due to those who, like myself, foolishly purchased the part referred to.

Yours, &c.,

October 13th, 1868. H. B.

THE MEDICAL OFFICER OF THE LINCOLN UNION.

So far as we can judge from the local papers, a system of petty annoyance is being adopted by some ill-disposed persons towards Mr. Broadbent, the medical officer of the Lincoln Union. Not content with bringing specific charges before the guardians against Mr. Broadbent, which only served the purpose of showing that he both merited and possessed the confidence of the Board, it seems that from time to time the attack is sustained by the cowardly practice of sending anonymous letters of complaint to the Poor-law Board. The latest display of this ill-will has, however, succeeded no better than former attempts. This time the charge against Mr. Broadbent was based on an extract from the union books, in which two of the guardians record that on a visit to the workhouse on the 3rd of September they found in the itch ward eight children in bed without any dressing ointment, and that there had been none since the children were brought into the house three days previously. A copy of this extract was sent anonymously to the Poor-law Board, who referred the matter to the Board of Guardians for explanation, and the result of this reference was a reply from them to the Poor-law Board, stating that they had investigated the matter, and found that the charge was not substantiated. The *Lincolnshire Chronicle* remarks hereupon: "The person who is so debased as to make repeated attempts to damage the character of a professional man, without daring to let his name appear, deserves to be treated in a way which we decline to suggest, but which so contemptible a fellow well merits." The suggestion of political antagonism may perhaps be accepted in default of any other reason for these obnoxious proceedings; but it is needless to say that such a suggestion in no way palliates the conduct of Mr. Broadbent's opponents, whoever they may be.

One of them.—Write to one of the military papers. We regret that, as the subject is not medical in any way, we cannot insert our correspondent's letter. Army hospital sergeants are, however, generally a most deserving class of men, and we advise him to represent the matter to the P.M.O. of his station. We do not think Dr. Logan has the power to do anything in the matter, although we do not doubt that he would use it if he had, and we are glad to hear our correspondent speak in the way he does of that officer.

Dr. Garrett should send a copy of the work direct to the Office.

POISONING BY YEW-BERRIES.

To the Editor of THE LANCET.

SIR,—In reference to the case of "Poisoning by Yew-berries," recorded by Dr. Thompson in your last impression, I may state that years ago I very frequently ate the ripe berries of the *Taxus baccata*, which are exceedingly juicy and luscious, and certainly experienced no inconvenience therefrom. I was particularly careful not to swallow a seed, in which there can be no doubt the poisonous principle resides.

Dr. Taylor, in his work on "Poisons," states that "the nature of the poisonous principle is unknown, and it is not certain whether with respect to the berry the poison is lodged in the pulp or the seed, although it is most probably in the latter." There can to my mind be no question as to which the poison resides in, and in some fatal cases recorded by Dr. Taylor, in which berries were eaten, the seeds were found in a semi-digested condition in the stomach.

Yours truly,

October 17th, 1868. CHAS. WILLIAMS.

An Inhabitant.—The good citizens of Leek (Staffordshire) appear to be in some difficulty as regards their water-supply. They have, our correspondent states, a good and abundant means of supply; but owing (as it is alleged) to some engineering defects, they do not get the full advantages which they ought to have. We recommend them to consult a competent engineer, remembering that if a thing is worth doing at all, it is worth doing well.

PARISH NURSERIES.

IT is suggested in the *Pall Mall Gazette* that the children of very poor and at the same time hard-working people should be found a home during the day, where they could be nursed, taught, and fed at the cost of the parish, whilst their parents are at work. The nursing ought to cost little or nothing, and these day nurseries might be subsidised under the provisions of our nascent Education Acts. This involves a discrimination and distinction between honest and willing-to-work poor and idle and vicious poor, and consequently an entire change in the principles of the Poor Law as now administered. For ourselves we believe that it is unwise, as well as wrong, to treat the undeserving and deserving poor on the same terms, and that the scandals of our Poor Law system will continue until more money is spent in the prevention than in the relief of destitution. For this object none is better than the plan proposed, guarded as it must be by those who *ought* to know the poor who are deserving of such help.

Enquirer.—We believe our correspondent to have been rightly informed as to his having to pass an examination before being granted permission to practise in a Spanish colony; but there ought to be no great difficulty about it. He could probably learn the exact regulations through some Spanish Consul.

A Constant Subscriber may refer to the Lettsomian Lectures of Dr. Austie, which lately appeared in THE LANCET.

B. F. should inquire of his ordinary medical attendant. There can be no difficulty in meeting with a great many physicians who may be consulted with confidence for the diseases named.

Dr. Smyth (Great Yarmouth.)—The case shall be inserted.

SANITARY STATE OF GUILDFORD.

OUR suggestion that the dry-earth system should be fairly tried at Guildford has been seriously taken up in the *Surrey Advertiser and County Times*. "Investigator" calculates that a total of nine tons of dried earth would be required per day, and that its distribution and collection as manure would cost £5 per day, or £1825 per annum. He estimates the cost of land, drying kilns, sheds, and plant at a yearly payment of £675 per annum, and the labourers' wages for preparing and storing earth and manure at £300, making a total of £3000 per annum. Mr. Gadesden, who uses the manure from earth-closets on Baron Rothschild's farm at Tring, estimates its value at the minimum price of £3 per ton; and Mr. Gamble, an extensive agriculturist in the same neighbourhood, agrees with him. At an estimate of only 30s. per ton, the return for the town of Guildford will be £6000 per annum—a result which is sufficiently startling, and, if only half realised, would still leave a satisfactory balance, which would go far to relieve the rates. Surely enough has been said to secure a fair discussion at the local Board. We could wish, however, that there were some competent authority to guide them in their deliberations on this important question.

A Student.—The return of first-year's men at the several London schools given in our impression of last week, was compiled from information derived from the authorities of each school, and was therefore more correct than that published elsewhere from information obtained at the College of Surgeons, where all students do *not* register.

Mr. E. Hancock, (Hampton-in-Arden.)—Medical Registration Office, Soho-square.

One who has been taken in.—We think that the sooner we cease to send any of our countrymen, be they military or medical, to such climates, the better.

HOMŒOPATHY IN ABERDEEN INFIRMARY.

THE *Aberdeen Herald* says, in connexion with the alleged conversion to homœopathy of one of the physicians of the infirmary, "that a complete set of homœopathic medicines *has been received* for use in the hospital, so that our medical school now offers advantages of rather a unique character to students attending it." "Rather unique," indeed. But we are not going to trust newspaper reports on this subject. Possibly Aberdeen is just as much misrepresented as Russia has lately been. We shall await fuller information on the subject before saying more than that if the above statement be true, it will probably be found that the advantage is rather seriously "unique."

Trochanter Major.—Our correspondent can, of course, recover if he was called to attend the patient by her husband or herself.

CALOMEL IN DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Having seen the correspondence in your journal respecting the cure of diarrhœa by calomel, may I suggest how the calomel acts. It is now pretty clearly proved by late experiments that "calomel is not a cholagogue, but diminishes the secretion of bile; and as the diarrhœa is most common when the temperature is above 60° F. (autumnal), it is caused by the excessive action of the liver. The calomel diminishes the biliary secretion, and consequently the diarrhœa and gastric irritation cease. In India I have, like everyone else, seen, after exposure to great solar heat, bilious diarrhœa supervene, more especially amongst those lately come from England. Here the calomel treatment is successful, and its *modus operandi* is in checking the biliary flow.

Yours obediently,

October, 1868. J. F. B.

A CORRESPONDENT sends a cutting from the *Inverness Grannie*, in which the Parochial Board of the United Parishes of Moy and Dalrossie advertise for a medical officer. No salary is mentioned, nor the extent and population of the parishes. The parish Solomons seem to have mastered the notion of a Dutch auction, and are, unknown to candidates, setting each applicant's offer against another, and finally will write to one, asking him to accept their own terms, on the plea that they have under consideration an offer lower than that they make. Our correspondent remarks: "You will notice that the wise men of Moy say nothing about 'a field for practice,' and as it is within my own knowledge no Scotch Highland Board, with the possibility that their medical officer could make a £50 note yearly in 1000 visits and 5000 miles of journey, at a cost of horse-shoeing of £15 at least, ever neglects to add that as an inducement, things in the present case must be bad indeed."

Student.—The licence of the Royal College of Surgeons, Edinburgh, and that of the King and Queen's College of Physicians, Dublin, are both good qualifications. Some points in the examination for the latter licence would admit of improvement.

Mr. Fairman is thanked for his note. He will see that the subject has not escaped our notice.

Medicus.—It is entirely a matter of arrangement. The remuneration varies from £1 to £5 a week.

Dr. Henry Simpson.—Reference was made to the address of our correspondent in a leading article. The address, which we had hoped to receive earlier, unfortunately arrived too late for it to appear in our columns in abstract.

Parent.—Neither his writings nor his absurd lucubrations have any influence whatsoever. Our correspondent should communicate with the journal in which the offensive paragraph appears.

DR. GUY'S INTRODUCTORY ADDRESS.

To the Editor of THE LANCET.

SIR,—I have been a reader of your journal for the last two or three years, and I have always found the scientific and professional knowledge which it imparts of a very superior kind. It would appear to me, however, to be no disparagement if correspondents would allow themselves even more freedom of discussion, so as to ensure the greater ventilating of opinion among the members of the profession. I think it can scarcely be disputed that the social relationships and the intellectual leanings of the profession are strongly conservative. Now, however safe the principle attached to that word may be, according to some, in politics, I should grieve if it could be applied to members of a liberal profession to express such a state of things in which a large proportion of its members remained, as it were, in a state of pupilage under those who might be called appropriately the aristocracy of the profession, and who, from occupying positions of eminence, should on that account claim immunity from criticism. Such a state of things would be deprecated by the greater number of those men themselves. I remember, while attending the lectures of a very celebrated teacher holding original views on a certain department of treatment, that nothing pleased him more than to receive by letter from any of his students an opinion at variance with his own on any given lecture, after receiving which he would embrace the first opportunity for answer and explanation before resuming the proper duties of the hour. If one, therefore, for the nonce, may be allowed to lay aside the *toga pratexta*, and assume the *toga virilis* some time after seventeen, I beg to make a few remarks on the latter part of Dr. Guy's address, which appeared in THE LANCET of October 3rd.

These "introductory addresses" are good in the main, and in some cases admirable; but the correctness of the remarks may in a few instances be questioned. For example, Dr. Guy makes a strange distinction between *instruction* and *education*, and by giving his own example we may best see what he means by these two words respectively. "In the village school," he says, "the child is *instructed* in reading, writing, and arithmetic, and the elements of our Christian faith; it is being *educated* by rules which prescribe cleanliness and tidy apparel, punctual attendance, the respectful recognition of teachers and superiors in age and position, just and kindly dealings with school-fellows, and the exhortations, reproofs, and punishments of the teacher." Here Dr. Guy makes education consist merely in outward manner and decorum. Whereas I think we have been accustomed to distinguish instruction from education probably in such a way as this—namely: Instruction consists in the imparting of knowledge. Education refers to three kinds—namely, physical, intellectual, and moral, and may be said shortly to consist in *training* to habits of thought and action, by informing the judgment with facts and principles, by improving the heart by means of Christian principles and moral maxims, and lastly, by cultivating the taste.

Dr. Guy describes a "science" to be "a well-defined branch of knowledge." If this be a definition of a science, then there is almost nothing which may not be put under that category. There would then be no doubt whatever about placing *medicine* in the list of sciences.

In order to understand what "a science" is, we must take a typical example, such as chemistry, and place it before the mental eye, and endeavour to define science in general by this one in particular.

Alchemy, the mother of chemistry, was not a science, but consisted of a few crude facts and a great number of crude superstitions. What required to be done before chemistry was promoted to a science? Evidently this. A large body of facts (worthy of the name) having been amassed, from these *general principles* were first derived, afterwards a number of subordinate principles, by means of the *inductive* method of reasoning.

A science, therefore, may be said to be a system of facts based upon some general principles. What is the leading principle in chemistry, without which chemistry as a science (however numerous its facts might be) would be *non est*? The law of *affinity*. This law, without which chemistry would have been as a dead letter, having once been ascertained, how do the facts, as it were, take to themselves an *organic* shape? This general principle having been once ascertained, it behoved the chemist next to inquire into its *properties*, and this we know resulted in the discovery that *atoms combine with each other in fixed proportions*. Besides these, there required to be the discovery of subordinate principles connecting individual and special facts, in contradistinction to general principles which connect general facts. So that we might say science is like a tree springing from the earth, whose branches represent the *principles*, and its fruit the *facts*.

Again, take astronomy; the leading principle here is, of course, *gravity*. Anatomy I call a science, because it has been reduced to a system of knowledge by the great discovery of the immortal Harvey—namely, the circulation of the blood. This reduced what was before *chaotic* knowledge to something like a system. But it is destined to be still a more perfect science when the course of the nerves can be better traced, and when the science of *form* (morphology) is better understood.

Physiology waits for its becoming a real science when a few of the leading principles of *life* shall have been more fully determined. It is not to the dishonour of the cultivators of these subjects that they have not as yet been made perfect sciences; but it is entirely owing to the innate difficulty of the subjects themselves.

Why do we rave so much about *medicine* being a science? The thing can *never* be, unless we use the word in a very broad sense indeed. Why, medicine I conceive to be an *art* in every sense of the word. The meaning of art being "power or skill in the use of knowledge." It is no more a science than the art of war. Medicine is composite in its nature, and the knowledge which bears upon its successful prosecution is varied and extensive, comprehending within its grasp *many* sciences. Medicine is the application of scientific facts and principles to the prolongation of life, the prevention of disease, and alleviation of suffering. In this sense it takes its place high above *any* single science, and not as Dr. Guy would say, ought it to be content to take a lower place than astronomy and chemistry; for these *do not* aim at the direct good of mankind. I feel that, in making such a concession, the doctor has proved recreant to the responsible trust reposed in him. If, indeed, as Dr. Guy insinuates, medicine is to find a worthy associate—that is to say, an equal—in agriculture, are the operations of ploughing, sowing, and reaping to be put on a par with the manipulations of the surgeon, and are the *ornamentaria* of the materia medica to take their place side by side with the guano and the phosphates?

I think such invidious remarks as these were better avoided, Mr. Editor, in an "introductory address."

I am, Sir, yours obediently,

October 8th, 1868. RUSTICUS EXPECTAT DUM DEFLUIT AMNIS.

CEREBRO-SPINAL MENINGITIS.

A PECULIAR form of disease is said to have recently attacked the horses at Brooklyn, principally those on the horse-car routes. The animal is suddenly seized with dizziness, falls to the ground, and in the course of a few hours expires. The veterinary surgeons have pronounced the disease to be a species of cerebro-spinal meningitis. It will be remembered at the discussion which took place at the Epidemiological Society last year on purpura maligna, an American physician, Dr. J. P. Yandell, called attention to the fact that a disease of an allied character attacked the swine of that country, and was known as the "purples of pigs." It was also alleged that a similar affection had been observed in Ireland among the pigs. If it be true that the lower animals are subject to the disease known as the cerebro-spinal meningitis of Germany and purpuric fever in Ireland, it tends to increase its interest and importance. If we must have such a disease in this country, it will be, at any rate, more satisfactory to study its morbid anatomy in pigs than in human beings.

B. P. J.—Yes, under the Medical Act. Our correspondent should *refer* to annotations in THE LANCET of Sept. 5th, p. 325, and Oct. 17th, p. 519.

Dr. H. W. Rumsey is thanked.

A Student of Charing-Cross Hospital complains "of the position held by the consulting physician of that hospital, Dr. Chowne. This gentleman's retirement was made the occasion for the foundation of a testimonial, and it was generally understood that he had followed, in common fairness, the example of others in a similar position—viz., made way for younger men; but Dr. Chowne's name still appears amongst the list of lecturers, though for some two or three years he has not delivered a single lecture." Perhaps the Dean of the School will be good enough to offer some explanation?

M.D.—About forty-eight or fifty probably.

THE continuation of *Mr. Brodhurst's* first lecture on "Orthopædic Surgery" shall be published in our next impression.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Pro. Frankland; Dr. Brown-Séquard; Prof. Humphry, Cambridge; Prof. Gamgee, Birmingham; Prof. Erichsen; Prof. Maclean, Netley; Dr. Tate; Mr. Phillip; Dr. Ellis; Dr. Anderson; Sir Duncan Gibb; Dr. Gervis; Mr. Waddington; Mr. Davis; Mr. Towne; Mr. Walker; Mr. Drought; Dr. Norman, Cheltenham; Mr. Colthurst; Mr. Sandell; Dr. Gooding; Mr. Poole; Mr. Garlike; Dr. Buchanan; Mr. Le Butt; Mr. Matthews; Mr. A. Maclean, Caistor; Mr. Harries, Dowpole; Dr. Highmore; Mr. Barnett; Mr. Wilkinson, Stockport; Mr. Kilburn; Mr. R. Cresswell; Mr. Campbell; Mr. Johnson; Dr. Davies; Dr. Ward, Chobham; Mr. Wright; Mr. E. Hancock; Mr. Bell; Mr. Harrison, Liverpool; Dr. Edwards, Ottery St. Mary; Dr. F. Bateman; Dr. Cargill, Jamaica; Mr. Meadows, Otley; Mr. R. Martin; Mr. Hawkes, Easton; Mr. Prosser, Bromsgrove; Mr. Kingsley; Dr. Paltney, Glasgow; Dr. Ball; Dr. Davis, Aberdare; Dr. Pigg, Manchester; Dr. Morrison; Mr. Stewart; Mrs. Gale; Dr. Roberts, Lincoln; Mr. Harrold; Mr. Noble; Dr. Barr Meadows; Mr. T. Nunneley, Leeds; Dr. Lister; Mr. J. Dewar; Mr. Haydon; Dr. March; Mr. Barrette; Mr. J. H. James, Southernhay; Mr. Walker; Mr. Lownds; Mr. Corry; Mr. Shiell; Mr. Sydney Jones; Surgeon-Major Robinson; Dr. Arthur; Mr. Reilly; Dr. Foster, Hitchin; Dr. Reynolds; Mr. Ray, Aberdeen; Dr. H. Steele; Messrs. Ellis and Son; Mr. J. Clarke; Mr. Hands; Mr. Kelsey; Dr. Allen, Hastings; Mr. Pratt; Dr. Buchanan, Glasgow; Dr. W. St. John Coleman, Miltown Malbay; Mr. Roberts; Mr. Twigge, Hulme; Mr. Bayliffe, Chippenham; Mr. France, Dronfield; Mr. Vincent; Dr. Hemming, Abingdon; Mr. Gornall, Preston; Mr. Grant; Dr. Williams; Dr. Coats, Tredegar; Mr. Hyslop, Shrewsbury; Dr. Gibson, Forfar; Dr. Pritchard, Sittingbourne; Mr. Temple; Mr. Black; Dr. Gaillard; Dr. Simpson, Manchester; Mr. W. F. Clark; Mr. Lubbock; Mr. Goode; Mr. Duncan, Glasgow; Mr. Harris; Dr. Christison, Preston; Dr. Woodward, King's Lynn; Mr. T. Watson; Mr. Cooke; Mr. Fiddeay; Mr. Macdougall; Dr. Court, Staveley; Mr. M'Donald; Mr. W. Trenerry, Bristol; Mr. May; Mr. Green; Dr. Davies; Mr. Banks, Wick; Mr. Beetle; Mr. Shepheard, Gaton; Dr. Gibson, Mhow; Dr. Smyth, Great Yarmouth; Mr. Greenwood; Mr. Chapman; Mr. Hanley; Mr. Richards; Mr. Collins; Mr. Gasson, Hurst Green; Mr. Godfrey; Mr. F. Smith, Leeston; Medicus; Trochanter Major; M.R.C.S.E.; Enquirer; Studens; B. F.; A. D. M.; W. N.; Nemo; R. W. D.; B. P. J.; One of the Army Hospital Sergeants; Hope; A Subscriber to the Royal Medical College; Old Epsomian; P. N.; An Inhabitant; A Student of Charing-cross Hospital; M.D.; Chirurgus; L. S. A.; Y. Z.; &c. &c.

THE *New York Medical Journal*, the *Brighton Times*, the *Lincolnshire Chronicle*, the *Bucks Herald*, the *Preston Guardian*, the *Bridgwater Mercury*, the *Lynn Advertiser*, the *California Medical Gazette*, the *Staffordshire Sentinel*, the *Coventry Liberal*, the *Aberdeen Herald*, the *Glasgow Herald*, the *Dublin General Advertiser*, the *Scarborough Gazette*, the *Photographic Journal*, the *New York Medical Gazette*, the *Western Daily Press*, the *Bombay Gazette*, the *Brewers' Journal*, the *Richmond and Louisville Medical Journal*, the *Birmingham Daily Gazette*, the *Edinburgh Evening Courant*, the *Brighton Gazette*, and the *Japan Times* have been received.

Medical Diary of the Week.

Monday, Oct. 26.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Andrew Clark and Mr. Peter Marshall, "On a Case of Hæmorrhagic Phthisis;" with Remarks.

Tuesday, Oct. 27.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Mr. Maunder, "On a Case of Colotomy in Vesico-Intestinal Fistula;" also a "Case of Fracture of the Upper Third of the Femur."—Dr. Peacock, "On some of the Hospitals of Northern Europe."

Thursday, Oct. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Oct. 31.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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